

## Application – Homeowners

### Canada-Nova Scotia Targeted Housing Benefit (CNSTHB)

The Homeowner CNSTHB is a program that is jointly funded by the Department of Municipal Affairs and Housing (DMAH) and the Canada Mortgage and Housing Corporation (CMHC) under the National Housing Strategy.

#### How to submit your application

You must complete all required fields of this application and submit all required documents to the Department of Municipal Affairs and Housing.

**By Mail:**

Department of Municipal Affairs and Housing  
Attn: Housing Benefit Unit  
P.O. Box 702 Stn.  
Central Halifax, NS B3J 2T3

**By Email:**

housingsupplements@novascotia.ca

### Section 1. Are you eligible?

Do you own your home? Do you spend at least half of your income to run it? You may be eligible for the Homeowner CNSTHB—a monthly benefit that makes living in your home more affordable.

The Homeowner CNSTHB is funded under the National Housing Strategy Bilateral Agreement, which concludes March 31, 2028. Funding for this program is subject to annual provincial budget appropriations and compliance with Bilateral Agreement requirements. You must renew your application each year to continue receiving the Homeowner CNSTHB.

**You are eligible for the Homeowner CNSTHB if you meet all of these conditions:**

- You live in Nova Scotia permanently.
- You own or have a life interest in the property and you live and continue to live in the home.
- You spend at least 50 per cent of your gross income (before taxes) on shelter costs (mortgage, home insurance, property taxes, condo fees, electricity, heat, water, or other municipal services).
- Your total gross household income is within household income limits set by DMAH based on where you live and the size of your household. DMAH will use the information in this application to determine if your income qualifies.
- The current taxable assessed value of your property is less than \$300,000 if it's in HRM and less than \$200,000 in any other part of the province.
- You do not owe money to the Department of Municipal Affairs and Housing or to the Nova Scotia Public Housing Agency and neither does any member of your household. If any of you do, the arrears must be paid in full, or arrangements must be made to settle the arrears before your application will be assessed.
- If you are a low-income student, you have a physical disability and continuing to stay in your home will help you go to school and/or a full-time student with dependents.

### Section 2. How to fill out this application

- **You must provide proof of income.** The table at the end of this application will tell you which documents you must provide.
- **You must provide proof of shelter costs** (a copy of mortgage payments, property taxes, condominium fees, electricity, heat, water, home insurance, or other municipal services).
- Read section 6 (Declaration and Consent) carefully.
- **You and your spouse/co-applicant (if you have one) must sign page 4 of this application.**
- **A witness must sign page 4 the application.** A witness should have legal capacity, be of legal age and be able to identify the signatory.

## 2. Applicant Information

### Please tell us about yourself and who currently lives with you

The amount of the monthly benefit you can receive is based, in part, on how many people live in your house. Please provide information about **yourself, your spouse, and all other adults and children** who currently live with you. If you need more space to add other members, please use a separate sheet.

Your spouse is the person you are married to or live with in a marriage-like relationship (common-law).  
Your spouse is your co-applicant.

Relationship to Applicant	Name (First, Middle, and Last)	Date of Birth (dd/mm/yyyy)	Gender (f-m-x)	Marital Status	Social Insurance Number	Full-time Student (Yes/No)
Applicant						

### Current Address

Street No.	Street Name	Apt. No.	City/Town
Postal Code	County	Nova Scotia	
E-mail	Home Telephone	Work/Daytime Telephone	

### Mailing Address (if different than current address)

Street No.	Street Name	Apt. No.	City/Town
Postal Code	County	Nova Scotia	
E-mail	Home Telephone	Work/Daytime Telephone	

How do you prefer to be contacted?  Phone  Email  Mail

### Alternative Contact

Name:	Email:
Telephone:	What's this person's relationship to you?

**Shelter Costs**

Please provide the following shelter costs and how often you pay them. Attach a copy of bills to show us how much each service costs.

	Monthly	Every two months	Every three months	Twice a year	Annually
Property Taxes					
Mortgage					
Condo Fees					
Water					
Electricity					
Heat					
Home Insurance					

**Section 4: Self-Identification (Optional. We encourage you to fill this section out)**

Please check all the boxes that best describe how you and people who live in your household self- identify. This will help us better understand the diversity of the population and communities we serve.

- Indigenous (anyone who considers themselves to be Mi'kmaw/other First Nations, Metis, or Inuit)
- Individual at risk of homelessness
- Person of African Descent
- Visible minority (a person or community who faces systemic or other barriers in historical and contemporary society based on racial prejudice of society)
- Immigrants or refugees who have been in Canada for fewer than 5 years
- Person with a disability
- Individual with mental health and addiction issues
- Seniors (58 years old and over)
- Veterans (person who has served in the military)
- Women and children fleeing domestic violence
- Young adults (under 25 years old)

## Section 5. Income Information

**Please tell us about current income for all members of your household.**

The amount of benefit you receive is based, in part, on your household income. Please state all **MONTHLY** income received by all persons/family members in the household **BEFORE** deductions.

	Household Member Name	Household Member Name	Household Member Name	Household Member Name
<b>Income</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Gross Employment Income				
Canada Pension Plan (CPP)				
Canada Pension Plan– Disability (CPP-D)				
Capital Gains				
Caregiver Benefit				
Disability Support Program				
Dividends				
Employment Insurance				
Income Assistance				
Interest Income				
Old Age Security (OAS)/ Guaranteed Income Supplement (GIS)/Spousal Allowance				
Other Income				
Other Pension				
Rental Income				
RRSP/RIF				
Skills Development (SD) Program/				
Self-employment Benefit (SEB) Program/ Training Allowances				
Spousal Support (alimony)				
Veterans Benefits (excluding Veterans Disability Pension)				
Workers' Compensation Benefits				

## Section 6. Declaration and Consent

This section is your legal agreement with DMAH. Read it carefully, then sign below. **Both the applicant and co-applicant must sign. A witness must also sign this application form.** A witness should have legal capacity, be of legal age, and be able to identify the signatory.

### Declaration

I (we), the person(s) who signed below, swear to the following:

1. The information I (we) provided in this application is complete and true; and I (we) can provide documents to prove that.
2. I (we) give permission to DMAH to investigate any or all of the statements I (we) made on this application. If DMAH finds any false or misleading statements, they can cancel this application without penalty (I/we cannot hold DMAH liable for damages).
3. I (we) will use the money from the Homeowner CNSTHB for housing purposes and understand that I (we) will only receive the benefit as long I (we) and the members of my (our) household remain eligible.
4. I (we) understand that the benefits from this program will be paid on or before the first of every month.
5. I (we) understand that I (we) must renew our application for this benefit with DMAH at least once a year. **If I (we) do not do that, the benefit may be cancelled.**
6. I (we) understand that I (we) may not receive a homeowner benefit when I am a tenant in Public Housing. I (we) agree to notify DMAH immediately when I am offered a Public Housing unit so arrangements can be made to end the homeowner benefit as soon as I move into the Public Housing unit.
7. I (we) understand that, if I (we) receive the Homeowner CNSTHB, it must be recorded as part of my net income on my tax return. I (we) understand that DMAH will issue a T5007 Statement of Benefits form to me (us) that identifies the Homeowner CNSTHB as Social Assistance income. I (we) understand that the income shown on the T5007 form is not taxable.
8. I (we) had an opportunity to discuss anything that I (we) did not understand in this application.
9. I (we) have read, understood and agree to every statement in this declaration.

### Consent

I (we), the person(s) who signed below, acknowledge and agree with the following:

1. I (we) must advise DMAH, if any of the information (such as address, income, etc.) I (we) gave in this application changes and must provide any supporting materials required for this application.
2. I (we) understand that DMAH will collect, use and share the personal information I (we) provided in this application for the sole purpose of determining my (our) eligibility for the Homeowner CNSTHB program and for managing the program. This usage is covered by the Freedom of Information and Protection of Privacy Act.
3. I (we) authorize the Department of Community Services to verify to DMAH that I (we) receive income from the Income Assistance and/or Disability Support Program. The department may do this either electronically, verbally, or in writing to show that I (we) qualify for the Homeowner CNSTHB program.
4. I (we) authorize the Canada Revenue Agency (CRA) to release any information needed for this application, such as income(s) and personal income tax return(s), to DMAH to verify my (our) eligibility for the Homeowner CNSTHB program. CRA can do this either verbally, electronically or in writing.
5. I (we) give DMAH, or its agents, permission to do what is necessary to determine my (our) income, property value and property ownership. This includes contacting Property Valuation Services Corporation and/or Property Online.

Applicant's Signature:	Co-Applicant's Signature:	Date:
Witnessed by:	Witness Signature:	Date:

## Authorization for Electronic Funds Transfer

### 1. What would you like to do?

- Start electronic funds transfer
- Change electronic funds transfer information
- Stop electronic funds transfer

Effective Date ( DD/MM/YYYY)

### 2. Provide your contact information

Name:

Phone:

Cell Phone:

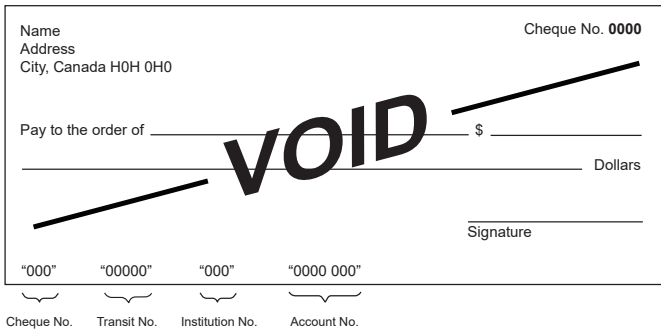
Email Address

### 3. Give your banking information

This section is not required if you are stopping electronic funds transfer.

#### OPTION 1

Please attach a personalized blank cheque with your bank information on it. Write void across the front.



#### OPTION 2

If you do not have a blank cheque, have your bank complete the following:

Name of bank: \_\_\_\_\_

Branch address: \_\_\_\_\_

Transit No.: \_\_\_\_\_ Institution No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_

Authorized representative name: \_\_\_\_\_

Authorized representative signature: \_\_\_\_\_

Financial Institution Stamp:

### 4. Authorize electronic payment

I authorize the Province of Nova Scotia to start, change, or stop the withdrawal or deposit, by electronic funds transfer, of payments to or from the Department of Municipal Affairs and Housing and, if necessary, to adjust for amounts withdrawn or deposited electronically in error. The Province will withdraw or deposit the payments using the banking account designated above.

Signature:	Date (DD/MM/YYYY):
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#### FOR OFFICE USE ONLY

Person/Organization ID

Date Entered (DD/MM/YYYY)

Collector Name

Collector Signature

Source of Income	Required Documents
<p>Employment: Regular full-time and/or part-time employment income</p>	<p>A minimum of 4 weeks' worth of paystubs or a year-to-date paystub. If weekly, paystubs must be current and for back-to-back weeks.</p> <p>Paystubs must show your name, employer's name and address, and which pay periods are covered.</p> <p><b>If you do not receive pay stubs</b>, send us a letter from your employer stating</p> <ul style="list-style-type: none"> <li>• the date you were hired</li> <li>• your gross annual income including any overtime pay or bonuses, or rate of pay,</li> <li>• hours scheduled to work each week, and</li> <li>• gross monthly salary.</li> </ul> <p>This letter must be on company letterhead, recently dated, and contain the telephone number and signature of the letter writer.</p>
<p>Employment: Commissions, tips, gratuities, or bonuses</p>	<p>A document showing the gross amount (before tax deduction) received during the past 12 months. You must swear to this document.</p>
<p>Employment: Fluctuating employment income (contract, short-term, intermittent)</p>	<p>For the first year of fluctuating employment income, provide current, back- to-back paystubs every 3 months. Paystubs must show your name, your employer's name and address, and which pay periods are covered.</p> <p>After the first full year, provide most recent notice of assessment from the Canada Revenue Agency.</p>
<p>Employment: Self-employment Income</p>	<p>If you have been self-employed for less than one year, provide an unaudited financial statement every 3 months.</p> <p>If self-employed for one year or longer and your business is not incorporated, provide:</p> <ul style="list-style-type: none"> <li>• the most recent working copy of Canada Revenue Agency personal income tax return (T1 General), <b>AND</b></li> <li>• Statement of business activities, <b>AND</b></li> <li>• Notice of assessment.</li> </ul> <p>If self-employed for one year or longer and business is incorporated, provide:</p> <ul style="list-style-type: none"> <li>• T4 and T5 slips for the individual employment income and/or dividend income you received from the business, <b>OR</b></li> <li>• a copy of most recent Canada Revenue Agency personal income tax return AND your notice of assessment.</li> </ul>
<p>Canada or Provincial Pension (CPP, CPP-D) Old Age Security (OAS) Guaranteed Income Supplement (GIS) Spousal Allowance Veterans Benefits (excluding Veterans Disability Pension) Long-term disability payments from private insurance company Other pensions</p>	<ul style="list-style-type: none"> <li>• A copy of a current cheque stub that shows the gross amount of income and how often it is paid, <b>OR</b></li> <li>• A slip issued for income tax purposes showing the most recent annual amount of the pension, disability, or annuity income (e.g., T4A, T4A, OAS, T5007), <b>OR</b></li> <li>• A letter from the pension or allowances income manager stating the amount of the monthly gross payment, <b>OR</b></li> <li>• Most recent notice of assessment from Canada Revenue Agency, if it covers the full pensions received for a full year.</li> </ul>
<p>Capital Gains</p>	<p>Documents that verify capital transaction.</p>
<p>Caregiver Benefit</p>	<p>Current copy of benefit statement.</p>

Dividends	Copy of T5, T4PS, or T3 tax forms.
Employment Insurance (EI)	<ul style="list-style-type: none"> <li>• Current benefit statement or letter showing gross weekly amount received, <b>OR</b></li> <li>• EI statement printout from your web account showing the weekly gross amount (before deductions) and period covered.</li> </ul>
Income Assistance (IA) Disability Support Program (DSP)	Current copy of benefit summary.
Interest Income	<p>For interest-bearing bank/trust/credit union accounts (personal chequing account and/or savings):</p> <ul style="list-style-type: none"> <li>• Copy of all current passbooks or monthly bank statements showing total</li> <li>• Copy of all current passbooks or monthly bank statements showing total interest earned in the past 12 months (must show the account number and name of the account holder),</li> <li>• T3 or T5 slips issued by a bank or credit union for tax purposes, <b>OR</b></li> <li>• A letter from a bank or credit union describing the amount of interest earned in the past year.</li> </ul> <p>For investment income:</p> <ul style="list-style-type: none"> <li>• Cheque stubs or copies of cheques, <b>OR</b></li> <li>• Copy of most recent T5 tax form or investment statements</li> <li>• Mutual fund company statements with value of investment.</li> </ul> <p>For guaranteed income certificates (GIC), term deposits, treasury bills, bonds, debentures, and similar savings investments:</p> <ul style="list-style-type: none"> <li>• Letter from a bank or credit union, <b>OR</b></li> <li>• Documents or certificates from bank or credit union showing principal amount of investment, interest rate, amount of interest earned, date of issue, and term and identifying serial number,</li> <li>• Most recent T3 or T5 slips issued for tax purposes.</li> </ul>
Other Income	<p>For annuities:</p> <ul style="list-style-type: none"> <li>• A slip issued for income tax purposes showing the most recent annual amount of the annuity income (T4A).</li> </ul> <p>For immigration sponsorship:</p> <ul style="list-style-type: none"> <li>• A statement from Citizenship and Immigration Canada and a statement from your sponsor showing the amount of support, <b>OR</b></li> <li>• A letter from your sponsor specifying the monthly amount of financial support being provided.</li> </ul> <p>For other country social security:</p> <ul style="list-style-type: none"> <li>• A current copy of your benefit statement.</li> </ul>
RRSP/RRIF	<ul style="list-style-type: none"> <li>• A current statement from the RRIF fund holder (bank or investment firm) showing the gross amount of monthly/annual withdrawals, <b>OR</b></li> <li>• The T4RIF slip issued for the most recent year's income tax return.</li> </ul>



<p>Skills Development (SD) Program, Self-employment Benefit (SEB) Program, Training Allowances</p>	<p>A copy of the full agreement showing all benefits you received during the agreement.</p>
<p>Spousal Support Payments</p>	<ul style="list-style-type: none"> <li>• A copy of the support agreement prepared and signed by a lawyer and both</li> <li>• A copy of the support agreement prepared and signed by a lawyer and both parties, <b>OR</b></li> <li>• A copy of the court order, <b>OR</b></li> <li>• A letter from a lawyer if there is no support agreement or court order, <b>OR</b></li> <li>• A sworn statement of how much financial support you currently receive and how often you receive it.</li> </ul>
<p>Workers' Compensation Board (WCB) Benefit</p>	<ul style="list-style-type: none"> <li>• A current letter from WCB stating the gross payment amount, <b>OR</b></li> <li>• A current cheque stub showing the covered gross amount of payment.</li> </ul>

**Check Form**

*Ready to submit? Click the button to check that you have filled all required fields*