

<p><b>Privacy section:</b></p> <p>Housing Nova Scotia (HNS) is subject to the <i>Access to Information and Protection Privacy Act</i>. Applicants/clients have a right of access to the existence, use and disclosure of their personal information.</p>	<p><b>Return to:</b> Housing Nova Scotia – Central Region Office 1894 Barrington Street, P.O. Box 2462 Halifax, Nova Scotia, B3J 3E4</p> <p>Note: Completed applications will be dated according to the date stamp when received by HNS</p>
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<b>1 APPLICANT INFORMATION</b>	Please complete <u>ALL</u> details in this section; incomplete applications will not be processed.
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Applicant: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ SIN is required by HNS to operate its programs and services  
DD MM YYYY

Co-Applicant: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ SIN is required by HNS to operate its programs and services  
DD MM YYYY

Applicant Phone: (Main) \_\_\_\_-\_\_\_\_-\_\_\_\_ (Other) \_\_\_\_-\_\_\_\_-\_\_\_\_

Co-Applicant Phone: (Main) \_\_\_\_-\_\_\_\_-\_\_\_\_ (Other) \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_  
(Street/Apartment) (P.O. Box)

\_\_\_\_\_  
(City/Town) (Province) (Postal Code)

Email Address: \_\_\_\_\_

Number of dependent children \_\_\_\_\_. Ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

I/We confirm that this is a first home purchase. Please complete attached Affidavit\*.

I/We will review the educational material\* for first-time home buyers provided by Housing Nova Scotia.

\*Participation is mandatory for program eligibility.

<b>2 INCOME INFORMATION</b>
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If you have been pre-approved for a mortgage, please provide the name of your financial institution and supporting documentation.

**Proof of current income for applicant and co-applicant must be attached before the application will be processed. You must provide a copy of your previous year's "Option C" printout. This can only be obtained from Canada Revenue Agency by calling 1-800-959-8281.**

<b>3 DECLARATION</b>
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- 1) I/We declare the above information provided in this application to be complete and true.
- 2) I/We understand that the information provided in this application is being collected for the purpose of administering this program. This information will only be disclosed to Housing personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. Statistics on Housing programs will be reported at the provincial/regional level and will not personally identify individuals.
- 3) I/We hereby grant Housing NS, or its agents, permission to carry out necessary inquiries for the purpose of determining my/our income, assets, liabilities and credit information.
- 4) I/We authorize Housing to investigate any or all of the statements made herein, being fully aware that discovery of any false statements will cancel this application. I/We further agree that such action by Housing Nova Scotia will be without penalty or liability for damages.
- 5) I/We understand that this application does not constitute an agreement by Housing or its representatives to provide down payment assistance.
- 6) I/We further acknowledge the right of Housing Nova Scotia or its agent(s), at any time prior to the execution and delivery to me/us for assistance hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given.

DD	MM	YY

\_\_\_\_\_  
Applicant \_\_\_\_\_  
Co-Applicant

**Reminder:** Only completed applications with an attached previous year's "Option C" printout (see section 2 above) and completed Affidavit (see Section 1 above) will be accepted.

## AFFIDAVIT

I/We, \_\_\_\_\_,

of \_\_\_\_\_, in the Province of Nova Scotia, make oath and say as follows:

1. That I/We am/are First Time Homeowners/Purchasers and am/are not named on any mortgage as Mortgagor or Guarantor;
2. That I/We make this Affidavit for the purposes of obtaining financial assistance through the Down Payment Assistance Program, knowing it is a criminal offense to falsely swear an Affidavit.

SWORN TO at \_\_\_\_\_,

in the Province of Nova Scotia,

this \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_, A.D.,  
(Month) (Year)

Before me:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant (if applicable)

\_\_\_\_\_  
A Commissioner of Oaths,  
Notary Public or Justice of the Peace  
in and for the Province of Nova  
Scotia