

1 Read before completing application

This application must be completed and signed by all property owners and all household members aged 16 years and over.

For Staff Use Only

Client #: _____

Date Sent: _____

2 Give your personal information

Applicant 1

First name: _____

Middle name: _____

Last name: _____

Full legal name, if different: _____

Date of birth (dd/mm/yyyy): _____

Social Insurance Number: _____

Marital status:

- Single Married Divorced
 Separated Widowed Common-law

Applicant 2

First name: _____

Middle name: _____

Last name: _____

Full legal name, if different: _____

Date of birth (dd/mm/yyyy): _____

Social Insurance Number: _____

Relationship to applicant:

- Spouse Common-law Sibling
 Parent Adult child Other (relative)
 Other (non-relative)

3 Give your contact information

Mailing address (street number, street name, P.O. Box, or RR#): _____

City/Town/Community: _____ Postal code: _____

Phone number: Home _____ Work _____ Cell _____

E-mail (optional): _____

Do you want us to contact someone else about this application? Yes No

Name: _____ Phone number: _____

4 Describe your household composition

How many people live in your home, other than yourself and your spouse/partner? _____

Are you a foster parent? Yes No If yes, how many foster children live in your home? _____

Are there any persons renting an apartment or room(s) in your home? Yes No
 If yes, are they family members? Yes No

In the table below, please list all persons who live in your home other than yourself, your spouse/partner, any renters/boarders, and any foster children. Provide SIN numbers only for those persons who are aged 16 years and over with an income.

Name (first and last)	Relationship to you	Date of birth (dd/mm/yyyy)	Gender	SIN

Can you, your spouse/partner, or any member of your household verify Aboriginal ancestry? Yes No

Is any member of your household physically disabled? Yes No

If yes, please describe the disability and any special modifications required to the home: _____



5 Give your property information

Civic address, if different from mailing address (street number and street name): _____

City/Town/Community: _____ Postal code: _____

Are you the registered owner of the property? Yes No

Are there other registered owners of the property? Yes No If yes, how many other owners are there? _____

Please list the names, addresses, and phone numbers of any other owners of your property who do not live on the property:

If you are the owner, do you own any other properties? Yes No If yes, list addresses and attach piece of paper.

If you are not the owner, do you have a registered life interest? Yes No If yes, we will verify this.

If you are not the owner of the property, are you renting it? Yes No If yes, note we need the landlord's consent.
(Applies to **The Access-A-Home Program** only)

How long have you lived in your house (years)? _____

How old is your house (years)? _____

Based on your most recent property tax assessment, what is the assessed value of your property? \$ _____

Are property taxes paid up to the current year? Yes No If not, what is the outstanding balance? \$ _____

Do you live in a mobile home? Yes No If yes, attach proof of purchase or a copy of the bill of sale.

If you live in a mobile home, do you: own the land?

lease the land? If so, attach a copy of the lease.

If you live in a mobile home, what is the serial number for your mobile home? _____

6 Identify and describe the repairs/adaptations needed to your home

Structural: Please tell us if anything is cracked, rotten, missing, leaking, or causing other damage.

Foundation: _____ Windows: _____

Doors: _____ Walls: _____

Deck & Landing: _____ Other: _____

Roofing:

Missing or cracked shingles Leaking causing interior damage

Heating System:

What type of heat do you have? Electrical Oil Wood Gas/Propane

What is the problem?

Furnace not working Chimney needs repair Oil tank Other: _____

Has your furnace been checked by a Technician? Yes No If yes, submit your report

What type of chimney do you have? Prefabricated Brick Concrete

Does your chimney have a liner? Yes No

Age of oil tank: _____

Electrical System:

What is the problem? Tripping breakers/fuses Bad wiring Other: _____

Do you have a report from a certified electrician? Yes No

Plumbing/Sewage System:

What type of sewage system do you have? Septic Municipal

What is the problem? Back up into home Broken pipes Breaking out – odors/signs of leak

If you have a septic system, when was the last time it was pumped out? _____

Water System:

What type of water system do you have?

Municipal Dug well Drilled well Other: _____

What is the problem? No water Poor water quality – Provide test results from lab

Other Home Repairs Required:

7 Give your household income information

Please give the gross annual income (this year’s income before taxes and other deductions) for every person living in your home aged 16 years and over. If there are more than four people with income living in your home, please use a separate piece of paper to report their income.

Source of Income	Applicant 1	Applicant 2	Other Household Member (Name)	Other Household Member (Name)	HNS Use Only
Employment Income (yearly gross salary, wages, commissions, part-time earnings)					
Self-Employed Earnings					
Seasonally Employed Earnings					
Alimony					
Employment Insurance					
Income Assistance					
Child Tax Benefit					
Affordable Living Tax Credit					
Poverty Reduction Credit					
Canada Pension Plan					
Old Age Security					
Guaranteed Income Supplement					
Spouse’s Allowance					
CPP Disability Pension					
Other Pension/RRSP/RRIF					
Workers’ Compensation					
Long Term Disability Income					
Investment Income/Interest Income					
Other Income (e.g. room and board, etc.)					
Notice of Assessment					
Total Gross Annual Income					

8 Provide previous assistance details

Have you ever received loans or grants from government for home repairs? Yes No I do not know

If yes, under what name? _____

9 Read the declaration and consent

Note: All persons identified as owners of the property and all household members aged 16 years and over must read this consent and sign the application form.

I certify and declare that all the information contained in this application, including income, is complete and accurate in every respect. I am aware that the discovery of any false statements made in the application may result in the cancellation of this application and I agree that such action by Department of Municipal Affairs & Housing (DMAH)/Housing Nova Scotia (HNS) will be without penalty or liabilities for damages.

I give permission to DMAH/HNS, including departmental programs within the Department of Community Services, or their authorized representatives or agents to carry out any necessary inquiries to verify any of the information I have provided in this application and to obtain additional information on my income, property, financial assets, liabilities, and credit in order to determine my eligibility to receive program funding.

I hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by DMAH/HNS, or their authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards or the construction methods or materials used.

I hereby acknowledge that any work carried out before I receive written confirmation of approval is not eligible for assistance.

I understand that all contractual arrangements will be between me and the contractor.

I understand that site visits may be carried out to ensure the work performed has been completed, but that DMAH/HNS do not guarantee any aspect of the repairs, including the materials and workmanship.

I understand that this application does not obligate DMAH/HNS to approve program funding.

I understand that any approved grant/loan amount will be paid directly to my contractor(s) on my behalf by Department of Municipal Affairs & Housing /Housing Nova Scotia when I verify that the work has been completed to my satisfaction by signing the Confirmation of Work Completion form.

I understand that DMAH/HNS will keep the information provided on this form confidential and will use it and disclose only according to the provisions of the Freedom of Information and Protection of Privacy Act.

10 Sign the application

I have read, understood, and agree to the terms and conditions listed above.

Name (Please print): _____

Signature: _____ Date: _____

11 Attach documents to support your application

Please send the following documents to our office so that we may assess your eligibility for our programs. Incomplete or missing documents will delay your eligibility assessment. We may ask you for additional documents during the approval process.

- Proof of income:** certified copy of the previous year's income tax for all members of your household aged **16 years and over**. This document must be received with your application regardless of the income source. You can get this by calling Canada Revenue Agency toll free at 1-800-959-8281 for service in English or 1-800-959-7383 for service in French, and requesting an Option C Form for each household member aged 16 years and over.

Supporting documentation for income sources listed below. Some examples of support documentation would be, but not limited to, the following: cheque stubs, bank statements, Income Assistance cheque stub or letter from your Caseworker, confirmation regarding monthly benefit amount for EI and Workers' Compensation, etc.

- Employment Income: current cheque stub or letter from employer
- Self-Employment: previous 3 years' Option C Form from Revenue Canada and Business and Expense Statement
- Part-time or Seasonal Employment: previous 3 years' Option C Form from Canada Revenue Agency
- Income Assistance
- Employment Insurance: confirmation from HRSDC about the start/end dates and the number of weeks eligible
- Worker's Compensation Benefits
- Alimony
- Child Tax Benefits
- Canada Pension Plan (CPP) Disability Benefits
- Canada Pension Plan (CPP) Retirement Pension
- Old Age Security (OAS) Pension, Guaranteed Income Supplement (GIS), Spousal Allowance
- Investment Income: for example, interest, dividends, capital gains, earned on investments, from all sources (Canadian and foreign); provide investment statements
- Rent, board
- Retirement pensions/superannuation pensions: Canadian and foreign
- RRSP Annuities or Withdrawals/RIFFs

Proof that you own and occupy your home: please send the following documents with your application.

- Property tax bill: include a copy of the current tax bill for your property and a copy of a receipt for payment of last year's tax bill
- Property tax assessment: include a copy of the most recent property tax assessment
- If you own a mobile home, please include proof of purchase or a copy of the bill of sale. If the land is leased, please include a copy of the lease.

If you are separated, include a copy of the income/financial section of your separation agreement

12 Return the form to us

Housing Nova Scotia

Halifax Regional Municipality
Hants County (East), Hants County (West)
3770 Kempt Road
Suite 3
Halifax, NS B3J 3E4

Switchboard: 902-424-5110
Toll-free: 1-844-424-5110
Fax: 902-424-2091

Housing Nova Scotia

Guysborough County, Antigonish County, Pictou County, Cumberland County, Colchester County
7 Campbell's Lane
New Glasgow, NS B2H 2H9

Switchboard: 902-755-5065
Toll-free: 1-844-424-5110
Fax: 902-752-7133

Housing Nova Scotia

Cape Breton Island
Suite 22, Provincial Building 360
Prince Street
Sydney, NS B1P 5L1

Switchboard: 902-563-2120
Toll-free: 1-844-424-5110
Fax: 902-563-2370

Housing Nova Scotia

Kings County, Annapolis County, Digby County, Yarmouth County, Shelburne County, Queens County, Lunenburg County
101 Magee Drive
P.O. Box 1000
Middleton, NS B0S 1P0

Switchboard: 902-825-3481
Toll-free: 1-844-424-5110
Fax: 902-825-6560

For Staff Use Only

Client #: _____ Application #: _____

Property tax assessment number: _____ Assessed value: _____

Previous assistance: yes no

Program: _____ Mortgage #: _____ Amount: _____ Date (dd/mm/yyyy): _____

Program: _____ Mortgage #: _____ Amount: _____ Date (dd/mm/yyyy): _____

Comments: _____

Contractor's quote: _____ Total household income: _____ Applicable HIL: _____

Program assigned: _____ Priority: _____ Amount: _____

Program assigned: _____ Priority: _____ Amount: _____

Recommended by Caseworker - Name: _____ Casework#: _____

Signature: _____ Date (dd/mm/yyyy): _____

Approved by Program Manager or Designate - Name: _____

Signature: _____ Date (dd/mm/yyyy): _____

RESPONSIBILITY OF APPLICANT and INSPECTION DISCLAIMER

Clients Name(s):

- It is clearly understood that the APPLICANT bears the responsibility for engaging the contractor of his/her choice.
- It is also the responsibility of the Applicant to plan with the contractor for the start and completion of the work and to ensure that the work is being done to the Applicant's satisfaction.
- It is also the responsibility of the Applicant to ensure that the contractor has full public liability and property insurance for all work to be performed and valid WCB (Worker's Compensation Board) coverage.
- Any inspections performed by a representative of the Department of Municipal Affairs and Housing are done solely to ensure reasonable conformity with prescribed standards and to verify completion of the required work. They are not intended to be supervision inspections on behalf of the Applicant and therefore does not constitute a representation or warranty on the completed work.
- Neither the Minister nor the Department of Municipal Affairs and Housing, nor the Inspector, assumes any responsibility for any loss or damage to the present or subsequent owner of the subject property, or to any other person as a result of an inspection.

I hereby acknowledge that I have read and understood the foregoing.

Witness

Signature of Applicant

Date

Signature of Co-Applicant