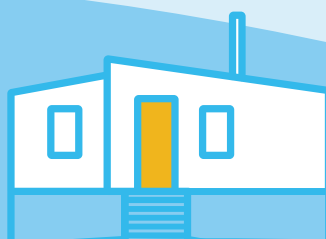


CANADA NUNAVUT HOUSING BENEFIT

Homeowner Support Benefit

Application Form

VERSION 3.0



**Nunavut Housing
Corporation**

TEL: 844-413-9355

FAX: 867-857-4099

Homeownership@nunavuthousing.ca



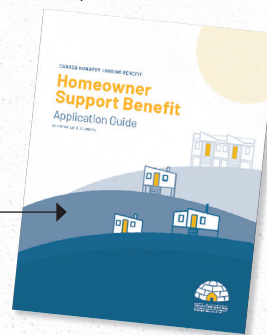
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NUNAVUT HOUSING CORPORATION
LA SOCIÉTÉ D'HABITATION DU NUNAVUT
NUNAVUNMI IGLULIQIYIRYUAT

The Canada Nunavut Housing Benefit (CNHB) Homeowner Support Benefit is a direct to the homeowner benefit of \$600 per month. The benefit is not included in the homeowner's taxable income. Only one benefit is available for each eligible physical address.

In order to process your application, please ensure you have completed the following steps.

Program highlights

Please see Program Guide for details



Application Checklist

Document	Applicant*	Co-Applicant*
<input type="checkbox"/> Completed Application Form	Required	Required
<input type="checkbox"/> NHC Release of Confidential Information	Required	Required
<input type="checkbox"/> CRA Consent Form	Required	Required
<input type="checkbox"/> CRA Notice of Assessment	Optional	Optional
<input type="checkbox"/> Direct Deposit Form (NHC Vendor)	Applicant OR Co-Applicant	
<input type="checkbox"/> Property Tax Assessment / Invoice OR	Only one of these documents is required	
<input type="checkbox"/> Certificate of Title/ or Copy of Land Lease		

**Both Applicant and Co-Applicant must complete, and sign all REQUIRED documents*

Everyone named on the lease must fill out & sign all the forms. Please use additional application forms if needed.



Eligibility Requirements

Residency

Nunavut resident for a minimum of one year prior to application.

Principal Residence

Applicants must own and live in a home located in Nunavut. That home must be their principal residence and the home they normally live in. Applicant(s) can own more than one home but are only eligible for the CNHB for their principal residence.

CRA Verified Income

Canada Revenue Agency (CRA) will verify income.

Lease

Names must be on the lease agreement of their principal residence.

Maximum Income

Combined household income of lease holders must be below the established *Income Required for Homeownership* for their community. (page #11)

Nunavut Household Allowance

If anyone in a principal residence is eligible for, or receiving, the GN Nunavut Household Allowance, that unit is not eligible to receive the CNHB Homeowner Support Benefit.



Meeting eligibility requirements does not guarantee funding approval.



Applicant Information

	Applicant*	Co-Applicant*
Last Name		
First Name		
Middle Name(s)		
Date of Birth		
Relationship (married, CL, etc.)		
Phone Number		
Cell Number		
Email		
Nunavut Land Claims Beneficiary*		
Nunavut Resident Since		

**Used for statistical purposes. Does not affect eligibility.*

Everyone named on the lease must fill out & sign all the forms. Please use additional application forms if needed.



Housing Information— Principal Residence Address:

Lot #:	Block #:	Plan #:
House #:	Street:	
P.O. Box #	Community:	Postal Code:

Who will be receiving the CHNB Homeownership Benefit Payment?

ONLY ONE APPLICANT CAN RECEIVE THE BENEFIT PAYMENT

☐ Applicant

OR

☐ Co-Applicant

☐ NHC Vendor form has been filled out & VOID cheque attached

☐ No one else is applying for the CNHB Homeowner Support Benefit for this property

☐ No GN employee at this residence is eligible for the Nunavut Housing Allowance

DECLARATION: I/We certify that this **HOME IS MY/OUR PRINCIPAL RESIDENCE** and the statements made by me/us in this application are true and complete and are made in good faith. I/We understand that if any of these statements are found to be untrue, this application may be rejected and any allowance granted is to be repaid in full. I/We agree and consent that inquiries may be made at any time in connection with the household allowance hereby applied for. **I/WE FURTHER COMMIT TO INFORMING THE GOVERNMENT OF NUNAVUT IMMEDIATELY UPON ANY CHANGE IN MY/OUR HOUSING TENURE TYPE.**

Signature of Applicant:

Date (DD/MM/YYYY):

Signature of Co-Applicant:

Date (DD/MM/YYYY):

Everyone named on the lease must fill out & sign all the forms Please use additional application forms if needed.

Authorization for the Release and Exchange of Confidential Information

CNHB Homeowner Support Benefit Program		
	Applicant*	Co-Applicant*
Last Name		
First Name		
Middle Name(s)		
Date of Birth		
Email		
Current Address		

I/We _____ authorize the **Nunavut Housing Corporation (NHC)** and/or its **representatives** to receive, release, disclose and/or exchange information with respect to the NHC's varied program requirements.

The information is to be used for matters pertaining to the administration of NHC's various delivered programs, and the client's participation in the program. This authorization shall remain in effect for the duration of the client's participation in the **CNHB Homeowner Support Benefit Program**.

Disclosures will include but will not be limited to the following:

Contact information, financial information, employment information, land information including verification with Municipal authorities and GN Departments, demographic information such as marital status and any and all other information as it may pertain to the application by or the participation of the applicant or the co-applicant.

Signature of Applicant: _____

Date (DD/MM/YYYY): _____

Signature of Co-Applicant: _____

Date (DD/MM/YYYY): _____

Witnessed by: _____

(PRINT NAME)

Signature of Witness: _____

Date (DD/MM/YYYY): _____

Payment & Financial Transaction Authorization

Identification: (required for notification and verification purposes)

First Name:	Middle Name:	
<hr/>	<hr/>	
Last Name:		Vendor Code:
<hr/>		<hr/>
Address:		
<hr/>		
<hr/>		
City/Hamlet, Territory/Province, Postal Code		
<hr/>		
Is this a new/changed address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>		
Phone No. ()	Fax No. ()	Email Address: <hr/>
<hr/>		
Bank Account information: (leave blank to receive payment(s) by mail at above specified address)		
<hr/>		
Name of Financial Institution:		
<hr/>		
Branch Address:		
<hr/>		
Branch Number:	Institution Number:	Account Number:
<hr/>	<hr/>	<hr/>
Select Method of Payment Notification: (select only one option below)		
<input type="checkbox"/> Mail (at above location) <input type="checkbox"/> Email (as above address) <input type="checkbox"/> NONE (no notification required)		
<hr/>		
<hr/>		

PLEASE ENCLOSE A PERSONALIZED BLANK CHECK MARKED 'VOID' **OR** IF YOU DON'T HAVE A CHEQUING ACCOUNT, HAVE YOUR FINANCIAL INSTITUTION COMPLETE THE SECTION BELOW

Branch Number:	Institution Number:	Account Number:
Name(s) of account holder(s): _____ _____ _____ _____ _____ _____		Financial Institution STAMP HERE

AUTHORIZATION:

I, as the person entitled to receive the payment(s), authorize the Nunavut Housing Corporation to deposit into my account the payment(s) entitled to me, until further notice. This information will also be used to record and issue any other financial transactions or documents through the Financial Information System such as billings, billing and payment statements, past-due notices and taxable benefit reports. I understand and agree to the Terms and Conditions listed on the back of this form.

Signature: _____

Date (DD/MM/YYYY): _____

Privacy Statement

The Nunavut Housing Corporation (NHC) is committed to respecting the personal privacy of individuals. All of the personal information you provide is protected by the *Access to Information and Protection of Privacy Act*. This means that, at the point of collection, you will be informed that your personal information is being collected, the purpose for which it is being collected, and you will be provided with contact information should you have questions about the information collected. This also means that your personal information will be protected from unauthorized access, collection, use, disclosure or disposal. The use of any personal information by the NHC or public agency will be limited to the uses identified at the time it was collected, however, any record that is in the control of the NHC or public agency may be subject to disclosure, pursuant to the *Access to Information and Protection of Privacy Act*. Any disclosure not related to the purpose for which the information was collected, will be handled in accordance with the requirements of the *Access to Information and Protection of Privacy Act* to ensure the greatest protection of your personal privacy in the face of any required disclosure.

Terms and Conditions

- This authorization is not an assignment of any right to receive payment and revokes all prior payment direction notifications applicable to these payments.
- This authorization may be cancelled or changed at anytime with the submission of another authorization form.
- Any direct deposit arrangement may be terminated at any time by the NHC or the named financial institution.
- The information contained in this application form will be compiled and included in the NHC's Financial Information System database. The information in the database will only be accessed by employees of the NHC, or agencies of the NHC, who require the information to provide payments or correspondence. No personal information, other than the information now provided, will be included in the Financial Information System database.
- The information collected by the NHC and included in the Financial Information System database can be accessed and verified, and if necessary corrected, by the person the information concerns. Arrangements for review can be made by contacting Government Accounting at the following address:

Vendor Code Administrator Finance

Nunavut Housing Corporation PH: (867) 975-7200 x7237

Fax: (867) 979-4194

Email: NHCPayments@gov.nu.ca

More Information

- Complete this form if you would like to make any changes to your personal information and/or if you wish to apply for direct deposit service.
- **Incomplete forms will be returned** with a notice requesting that the missing information be provided before any payment can be processed.
- If we cannot deposit your payment(s) to your account, we will mail a cheque to you at the address we have on file.

Maximum Income

The Maximum Income is the *Income Required for Homeownership* in the community where the applicant's principal residence is located. It is based on NHC's Basic Homeownership Costs.

The total costs (including estimated mortgage costs) are then used to determine the minimum annual income needed to keep these costs within the 30% of total income.

Income Required for Homeownership:

Qikiqtaaluk

Arctic Bay	\$196,127
Clyde River	\$199,583
Grise Fiord	\$197,037
Igloolik	\$202,419
Iqaluit	\$222,717
Kimmirut	\$214,029
Kinngait	\$195,265
Pangnirtung	\$193,190
Pond Inlet	\$201,527
Qikiqtarjuaq	\$192,970
Resolute Bay	\$202,125
Sanikiluaq	\$206,908
Sanirajak	\$209,005

Kivalliq

Arviat	\$210,654
Baker Lake	\$200,906
Chesterfield Inlet	\$199,775
Coral Harbour	\$196,845
Nauyasat	\$204,431
Rankin Inlet	\$210,651
Whale Cove	\$209,472

Kitikmeot

Cambridge Bay	\$200,929
Gjoa Haven	\$199,535
Kugaaruk	\$201,966
Kugluktuk	\$200,489
Taloyoak	\$198,471

Updated: March 28, 2024