

# NUNAVUT HOMEOWNERSHIP ASSISTANCE PROGRAM (NHAP) Application





### CHECKLIST FOR HOME NUNAVUT HOMEOWNERSHIP ASSISTANCE PROGRAM (NHAP)



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

- Fill out and submit the following:
  - Nunavut Housing Corporation Home Assistance Program Application
  - The authorization for the release and exchange of confidential information
- ► The primary and co-applicant (if applicable) must provide Canada Revenue Agency (CRA) Notice of Assessments for the past 3 years and/or provide a completed CRA consent form (page 6).
- Provide one or more of the following:
  - Bank Letter of Commitment for Mortgage

#### **OR**

Bank Letter of Commitment For Interim or Bridge Financing

#### **OR**

- · Proof of Alternative Financing
- Provide a photocopy of the health card(s) of the applicant(s), if required by NHC staff.





#### **PRIMARY APPLICANT:**

| LAST NAME:                                                                                                                                                                                                                                                                                                             | FIRST NAME:                                    |                  |               | MIDDLE NAME: |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------|---------------|--------------|--|--|--|--|
| DATE OF BIRTH (DD/MM/YYYY):                                                                                                                                                                                                                                                                                            | NUNAVUT<br>YES                                 | LAND CLAIMS BENE | FICIARY?      | P.O. BOX:    |  |  |  |  |
| ADDRESS:                                                                                                                                                                                                                                                                                                               |                                                |                  |               | COMMUNITY:   |  |  |  |  |
| EMAIL:                                                                                                                                                                                                                                                                                                                 |                                                |                  |               | PHONE:       |  |  |  |  |
| CO-APPLICANT (IF APPL                                                                                                                                                                                                                                                                                                  | .ICAB                                          | LE):             |               |              |  |  |  |  |
| LAST NAME:                                                                                                                                                                                                                                                                                                             | FIRST NAM                                      | E:               |               | MIDDLE NAME: |  |  |  |  |
| RELATIONSHIP WITH PRIMARY APPLICANT:                                                                                                                                                                                                                                                                                   |                                                |                  |               |              |  |  |  |  |
| DATE OF BIRTH (DD/MM/YYYY):                                                                                                                                                                                                                                                                                            | NUNAVUT<br>YES                                 | LAND CLAIMS BENE | EFICIARY?     | P.O. BOX:    |  |  |  |  |
| EMAIL:                                                                                                                                                                                                                                                                                                                 |                                                |                  |               | PHONE:       |  |  |  |  |
| DEPENDENTS OR OTHER                                                                                                                                                                                                                                                                                                    | DEPENDENTS OR OTHER OCCUPANTS OF CURRENT HOME: |                  |               |              |  |  |  |  |
| NAME:                                                                                                                                                                                                                                                                                                                  | AGE:                                           | SEX:             | RELATIONSHIP: |              |  |  |  |  |
| NAME:                                                                                                                                                                                                                                                                                                                  | AGE:                                           | SEX:             | RELATIONSHIP: |              |  |  |  |  |
| NAME:                                                                                                                                                                                                                                                                                                                  | AGE:                                           | SEX:             | RELATIONSHIP: |              |  |  |  |  |
| NAME:                                                                                                                                                                                                                                                                                                                  | AGE:                                           | SEX:             | RELATIONSHIP: |              |  |  |  |  |
| PROGRAM ELIGIBILITY I                                                                                                                                                                                                                                                                                                  | Primary<br>Applicant                           | Co-Applicant     |               |              |  |  |  |  |
| Years lived in Nunavut before application:                                                                                                                                                                                                                                                                             |                                                |                  |               |              |  |  |  |  |
| Have you received previous assistance from NHC to buy or build a home within the last 10 years? (Y/N) If yes, please specify the program:                                                                                                                                                                              |                                                |                  |               |              |  |  |  |  |
| Do you have arrears with any housing association, housing authority or NHC? (Applicants with rental or mortgage arrears with any local housing organization in Nunavut or with NHC, or have otherwise caused a loss to the NHC, may not qualify for the program until those arrears or losses are paid in full). (Y/N) |                                                |                  |               |              |  |  |  |  |
| Do you currently own your primary residence? (Y/N)                                                                                                                                                                                                                                                                     |                                                |                  |               |              |  |  |  |  |
| Please select the type of housing that you currently live in:  Public Housing Privately Rented GN Staff Housing Privately Owned Other (specify):                                                                                                                                                                       |                                                |                  |               |              |  |  |  |  |
| Number of bedrooms:                                                                                                                                                                                                                                                                                                    |                                                |                  |               |              |  |  |  |  |
| Comments on condition:                                                                                                                                                                                                                                                                                                 |                                                |                  |               |              |  |  |  |  |





## NHAP IS TARGETTED TO APPLICANTS THAT HAVE THE CAPABILITY (PHYSICAL, TIME & FINANCIAL MEANS) TO CONSTRUCT THEIR OWN HOME. THIS SECTION ASKS YOU ABOUT YOUR BUILD PLAN.

| Please describe your residential construction experience (you may include a copy of your resume with your application):       |
|-------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
| Please describe who will help you build your home:                                                                            |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
| Do you have sufficient savings or financial borrowing means to pay your helpers and or electrical and mechanical contractors? |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
| Devian and the trade and a suite mantale broadle as build?                                                                    |
| Do you own the tools and equipment to handle a build?                                                                         |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
| How will you be able to dedicate adequate time to complete the build?                                                         |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
| Additional comments or information that will demonstrate your ability to handle your build can be added here:                 |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |
|                                                                                                                               |





#### ASSET AND LIABILITY STATEMENT: (NHC STAFF CAN HELP YOU FILL THIS OUT)

| TYPE:                                                                                       |       | ASSETS: |      | \$<br>:    | MONTHL<br>\$ | Y PAYMENTS: |
|---------------------------------------------------------------------------------------------|-------|---------|------|------------|--------------|-------------|
|                                                                                             |       | \$      |      | \$         | \$           |             |
|                                                                                             |       | \$      |      | \$         | \$           |             |
|                                                                                             |       | \$      |      | \$         | \$           |             |
|                                                                                             |       | \$      |      | \$         | \$           |             |
| ASSETS: VEHICLES, BOATS, RRSP'S, PROPERTY, ETC<br>LIABILITIES: LOANS, CREDIT CARD DEBT, ETC | TOTAL | \$      | 0.00 | \$<br>0.00 | \$           | 0.00        |

#### **APPLICANT AFFORDABILITY ANALYSIS:**

| INSURANCE (LIFE, AUTO):                                 | \$<br>Γ:   | \$<br>):   | INSURANCE (HOUSE):                                 | \$<br>Γ:   | \$<br>):   |
|---------------------------------------------------------|------------|------------|----------------------------------------------------|------------|------------|
| FOOD / HOUSEHOLD SUPPLIES:                              | \$         | \$         | CURRENT RENT OR MORTGAGE (PRINCIPAL AND INTEREST): | \$         | \$         |
| TELEPHONE:                                              | \$         | \$         | ELECTRICITY / WATER AND SEWAGE:                    | \$         | \$         |
| ENTERTAINMENT:                                          | \$         | \$         | HEATING COSTS:                                     | \$         | \$         |
| OTHER (GAS,GIFTS,CLOTHES):                              | \$         | \$         | TAXES / LEASE PAYMENTS:                            | \$         | \$         |
| TOTAL LIABILITIES DEBTS FROM ASSET/LIABILITY STATEMENT: | \$         | \$         | REPAIRS AND MAINTENANCE:                           | \$         | \$         |
| SUB-TOTAL                                               | \$<br>0.00 | \$<br>0.00 | SUB-TOTAL                                          | \$<br>0.00 | \$<br>0.00 |
|                                                         |            |            | SUB-TOTAL                                          | \$<br>0.00 | \$<br>0.00 |
|                                                         |            |            | GRAND TOTAL                                        | \$<br>0.00 | \$<br>0.00 |

#### **BANK INFORMATION:**

| NAME OF BANK: |        | ADDRESS:           |      |
|---------------|--------|--------------------|------|
| CONTACT NAME: |        | TITLE FOR CONTACT: |      |
| EMAIL:        | PHONE: |                    | FAX: |

#### **DECLARATION:**

I/we certify that the statements made by me/us in this application are true and complete to the best of my/our knowledge and belief, 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 assistance granted is to be repaid in full. The Nunavut Housing Corporation is committed to protecting personal privacy. Information is collected, used and disclosed in accordance with the access to information and privacy act. I/we understand that the information provided will be used only for the purpose of Nunavut Housing Corporation programs. I/we further agree and consent that inquiries may be made at any time in connection with the assistance hereby applied for.

| Signature of Applicant: | Date: |
|-------------------------|-------|
| Co-Applicant Signature: | Date: |





## AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

| NHC PROGRAM:                                                                                                                           |                          |                      |                |               |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|----------------|---------------|
| APPLICANT NAME:                                                                                                                        |                          |                      |                |               |
| DATE OF BIRTH (DD/MM/YYYY):                                                                                                            | SIN:                     |                      | DATE:          |               |
| CO-APPLICANT NAME:                                                                                                                     |                          |                      |                |               |
| DATE OF BIRTH (DD/MM/YYYY):                                                                                                            | SIN:                     |                      | DATE:          |               |
| CURRENT ADDRESS:                                                                                                                       |                          |                      |                |               |
| l (We) au<br>to receive, release, disclose and/or exch                                                                                 |                          |                      |                |               |
| The information is to be used for matte<br>the client's participation in such progra<br>participation in the <b>above indicated</b> Pr | ms. This authorization   |                      |                |               |
| Disclosures will include but will not be l                                                                                             | limited to the following | g:                   |                |               |
| Contact Information, financial informat<br>Information including bids and quotes,<br>information as it may pertain to the ap           | demographic informa      | tion such as marital | status and any | and all other |
| PHONE NUMBER:                                                                                                                          |                          | EMAIL ADDRESS:       |                |               |
| Signature of Applicant:                                                                                                                |                          |                      | Date           | e:            |
| Co-Applicant Signature:                                                                                                                |                          |                      | Date           | e:            |
| Witnessed by (print name):                                                                                                             |                          |                      |                |               |
| Witness Signature:                                                                                                                     |                          |                      | Date           | e:            |
|                                                                                                                                        |                          |                      |                |               |
| NHC REPRESENTATIVE:                                                                                                                    |                          |                      | TIT            | TLE:          |
| NHC REPRESENTATIVE SIGNATURE:                                                                                                          |                          |                      | DA             | ATE:          |

# CANADA REVENUE AGENCY CONSENT FORM



#### ATTENTION: CANADA REVENUE AGENCY

Dear Sir or Madam:

I require the following information to support the verification of my income. This information will be used to determine my eligibility for financial assistance or subsidy under Nunavut Housing Corporations Homeownership Programs. I request CANADA REVENUE AGENCY to provide the Nunavut Housing Corporation with information to verify my income. If further information is required, please contact the sender as indicated at the top of this page.

I understand and accept that FAX transmissions may involve some security risks where delicate and confidential information is involved.

#### **APPLICANT**

| APPLICANT NAME:                                |                  | SIGNATURE:        |                              |
|------------------------------------------------|------------------|-------------------|------------------------------|
| COMMUNITY:                                     | SIN:             |                   | DATE:                        |
| Please provide my income tax s  2022 2023 2024 | summary, showing | total income line | 150, for the following years |