HOME REPAIR PROGRAM

PRIVACY SECTION

The NunatuKavut Community Council is subject to the Access to Information and Protection Privacy Act. Applicants/clients have a right of access to the existence, use and disclosure of their personal information.

NCC CONTACT

Benita Penney
Tel/Fax: 709-960-0453
Email: bpenney@nunatukavut.ca

1 APPLICANT INFORMATION

Please complete all details in this section.

Applicant: _____ (LAST NAME) _____ (FIRST NAME) _____ (INITIAL)

Co-applicant: _____ (LAST NAME) _____ (FIRST NAME) _____ (INITIAL)

Telephone: HOME ☐☐☐-☐☐☐☐ WORK ☐☐☐-☐☐☐☐ CELL ☐☐☐-☐☐☐☐

Address: _____ (STREET/APARTMENT) _____ (P.O.BOX)

_____ (CITY/TOWN) _____ (PROVINCE) _____ (POSTAL CODE)

Email Address: _____

Do you own your home: ☐ YES ☐ NO **NCC Membership Number:**

Currently, I live in: ☐ SEMI-DETACHED ☐ ROW HOUSING ☐ APARTMENT ☐ SINGLE DWELLING

Number of bedrooms in current dwelling: ☐ ONE ☐ TWO ☐ THREE ☐ OR MORE

I hereby give consent for _____ (NAME), _____ (RELATIONSHIP) **to make inquiries or or act on my behalf regarding this application** HOME ☐☐☐-☐☐☐☐ WORK ☐☐☐-☐☐☐☐

2 HOUSEHOLD OCCUPANTS

	NAME	RELATIONSHIP TO APPLICANT+	MARITAL STATUS	GENDER M/F	DATE OF BIRTH D/M/Y	SOCIAL INSURANCE NUMBER*
1	_____ APPLICANT				☐☐/☐☐/☐☐	☐☐☐ ☐☐☐ ☐☐☐
2	_____ CO-APPLICANT				☐☐/☐☐/☐☐	☐☐☐ ☐☐☐ ☐☐☐
3	_____				☐☐/☐☐/☐☐	☐☐☐ ☐☐☐ ☐☐☐
4	_____				☐☐/☐☐/☐☐	☐☐☐ ☐☐☐ ☐☐☐

* Marital Status can be either: Single, Married, Widowed, Divorced, Separated, or Common Law.
\+ Relationship to Applicant can be either: Spouse, Child, Other Relative, or Not Related.

3 INCOME INFORMATION

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 last "Option C" printout. This can be obtained from Canada Revenue Agency by calling 1-800-959-8281.

TOTAL INCOME (Your annual income before tax deductions)

	OCCUPATION/STUDENT	EARNINGS: EMPLOYMENT	EARNINGS: SELF EMPLOYMENT	SOCIAL ASSISTANCE HRLE	EMPLOYMENT INSURANCE	PENSIONS (PRIVATE, CPP, ETC.,)	OLD AGE SECURITY (OAS)	ALIMONY OR FAMILY SUPPORT	INVESTMENT INCOME	OTHER
1	_____ APPLICANT	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____
2	_____ CO-APPLICANT	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____
3	_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____
4	_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____

HOME REPAIR PROGRAM

4 OCCUPANT INFORMATION

Is there a person requiring change/modification to assist in daily living? _____

Please state the nature of disability _____

If you are seeking assistance for a disabled occupant, we require a referral outlining the house modifications.

Referral Agency: _____ **Contact:** _____ TELEPHONE | | | | - | | | | |

Person to notify in case of your absence or to act on your behalf:

_____ _____ TELEPHONE | | | | - | | | | |

FULL NAME RELATIONSHIP

5 HOUSEHOLD INFORMATION

Proof of home ownership must be attached before the application will be processed. Adequate proof can be a purchase deed or mortgage deed.

What year was your house built? _____

How long have you lived in your home? _____

What type of repairs does your home require? _____

_____

_____

_____

_____

_____

_____

_____

Please attach any supporting documentation for the repairs your home requires. If possible, include photographs, cost estimates, inspection reports, referral agency assessment, etc.,

6 DECLARATION

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 NCC Home Repair Program. This information will only be disclosed to NunatuKavut Community Council staff who need the information to carry out the responsibilities of their job, and to other organizations who may need to b e contacted in order to process the application.
3. I/We hereby grant NCC and/or its staff permission to carry out an inspection of my/our property.
4. I/We authorize NunatuKavut Community Council 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 NunatuKavut Community Council will be without penalty or liability for damages.
5. I/We understand that this application does not constitute an agreement by NunatuKavut Community Council or its staff to provide housing assistance.
6. I/We further acknowledge the right of NunatuKavut Community Council or its staff at any time prior to the execution and delivery to me/us for housing 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.
7. I certify that I am a Full Member - Resident of NunatuKavut Community Council.

As part of this process, I/We agree to a Home Energy Assessment ☐

D/M/Y | | | | | | |

_____ _____

APPLICANT CO-APPLICANT