

PROVINCIAL HOME REPAIR PROGRAM (PHRP)

<p>Privacy section:</p> <p>Newfoundland Labrador Housing (NL Housing) is subject to the <i>Access to Information and Protection Privacy Act</i>. Applicants/clients have a right to access to the existence, use and disclosure of their personal information.</p>	<p>Return to: Stephenville Office 58 Oregon Drive Stephenville, NL A2N 2Y1</p> <p>Fax: 643-6843 Tel: 643-6826</p>
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NOTE: Incomplete applications will be returned unprocessed.

1	HOMEOWNER INFORMATION	Proof of home ownership must be attached. Adequate proof can be a purchase deed or mortgage. If not available, please complete the enclosed Affidavit.																																																																																																														
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2	INCOME INFORMATION	Proof of previous year's certified income for applicant and co-applicant must be enclosed. This information can only be obtained by contacting Canada Revenue Agency at 1-800-959-8281 and requesting your Option "C" Printout .
<p style="text-align: center;">Are you a client of the Department of Human Resources Labour and Employment (DHRLE) or Health and Community Services (HCS)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">DHRLE File No. _____ HCS File No. _____</p>		

3	FINANCIAL	Include all bank or finance company loans, car payments, charge accounts, etc.																						
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4	HOUSEHOLD INFORMATION	Proof of home ownership must be attached. Adequate proof can be a purchase deed or mortgage. If not available, please complete enclosed Affidavit.
<p>What year was your house built? _____ How long have you lived in your house? _____ year(s)</p> <p>What type of repairs does your house require? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Please attach any supporting documentation for the repairs your house requires. If possible, include photographs, cost estimates, inspection reports, referral agency assessments, etc.		

6	DECLARATION	
<ol style="list-style-type: none"> 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 NL Housing programs. This information will only be disclosed to NL 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 NL Housing programs will be reported at the provincial/regional level and will not personally identify individuals. Section 32(c) of the <i>Access to Information and Protection of Privacy Act (ATIPPA)</i> authorizes NL Housing to collect personal information that "...relates directly to and is necessary for an operating program or activity of the public body." 3. I/We hereby grant NL Housing, 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 hereby grant NL Housing, and/or its agents, permission to carry out an inspection of my/our property. 5. I/We authorize NL 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 NL housing will be without penalty or liability for damages. 6. I/We understand that this application does not constitute an agreement by NL Housing or its representatives to provide housing assistance. 7. I/We further acknowledge the right of NL Housing or its agents, 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. 8. I would like my Member of the House of Assembly, Member of Parliament, and/or authorized representative to be notified should I be approved for the Provincial Home Repair Program. <input type="checkbox"/> Yes <input type="checkbox"/> No 		

Date	Signature of Applicant	Signature of Co-Applicant						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Y</td> <td style="width: 33%; text-align: center;">M</td> <td style="width: 33%; text-align: center;">D</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Y	M	D					
Y	M	D						

Reminder

√ Only completed applications with an attached "option C" printout (see section 2 above) will be accepted.

√ Proof of property/home ownership (Bill of Sale or Conveyance) is required with this application.

√ If DHRLE is making payments on your behalf, please ensure that your DHRLE file number is filled in on the front of this form.

Canada
Newfoundland and Labrador

In the matter of ownership of house and property at _____, (Address)
Newfoundland and Labrador, Canada.

AFFIDAVIT OF OWNERSHIP AND OCCUPANCY

I/We, _____, of _____, in the Province of Newfoundland and Labrador, make oath and say as follows:

1. That I/We am/are, at present, _____ years of age.
2. That I/We am/are the sole owner/s of house and property and have been living in this house since _____ .
(Year)
3. That it is acknowledged throughout the community of _____ that both house and surrounding property is under my/our exclusive and sole ownership.
4. That no person or persons have ever made a claim to ownership of this property and no individual has ever asserted that I/We am/are not the rightful owner.
5. That we swear this Affidavit conscientiously believing it to be true and knowing it is a criminal offence to falsely swear an Affidavit.

SWORN TO at _____ ,
in the Province of Newfoundland & Labrador,
this _____ day of _____ , A.D.,
Before me;

Homeowner

Spouse (if applicable)

Justice of the Peace, Barrister,
Commissioner of Oaths