Newfoundland Labrador Housing

FCN 9040
01/2018

HOME MODIFICATION PROGRAM (HMP)

Privacy section:

Newfoundland Labrador Housing (Housing) 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.

Return to:

Stephenville Office
58 Oregon Drive
Stephenville, NL
A2N 2Y1

Fax: 643-6843
Tel: 643-6826

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.

	Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth Y M D	Social Insurance Number
1.	_____ (Applicant)	_____	____	_____	_____		
2.	_____ (Co-Applicant)	_____	____	_____ (+Relationship to Applicant)			SIN is required by Housing to operate its programs and services

* 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.

Telephone: (Home) ___-____ (Work) ___-____ (Cell) ___-____

Address: _____ (Street/Apartment) _____ (P.O. Box)

_____ (City/Town) _____ (Province) _____ (Postal Code)

Email Address: _____

I hereby give consent for the following to make enquiries or act on my behalf regarding this application, and/or any loans which may result from this application:

_____ (Name) _____ (Relationship) ___-____ (Telephone)

Use of wheelchair ❒ Yes ❒ No

What year was your house built _____ How long have you lived in your house _____

2 OCCUPANT INFORMATION FOR PERSON WITH DISABILITY

Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth	Social Insurance Number
_____	_____	____	_____	_____		SIN is required by Housing to operate its programs and services

* Marital Status can be either: Single, Married, Widowed, Divorced, Separated, or Common Law.

Please state the nature of the disability and modifications required: _____

_____

_____

An Occupational Therapist's report is required clearly indicating whether modifications are urgent or non-urgent.
NOTE: Urgent modifications are required for client to return/remain home. Where extenuating circumstances exist and at the discretion of NL Housing, a report prepared by a qualified medical professional other than an Occupational Therapist may be accepted.

Referral Agency: _____ Contact: _____ ___-____ (Telephone)

3 INCOME INFORMATION FOR DISABLED OCCUPANT

Are you a client of the Department of Advanced Education and Skills (AES) or Health and Community Services (HCS)?
❒ Yes ❒ No

AES File No. _____ HCS File No. _____

4 FINANCIAL INFORMATION FOR DISABLED OCCUPANT

Include all bank or finance company loans, car payments, charge accounts, etc.

	Monthly Payment	Balance Owing
Mortgage/Rent:	$_____	$_____
Property and Water Taxes:	$_____	$_____
Electricity:	$_____	$_____
Oil, Wood and Other Fuels:	$_____	$_____
House Insurance:	$_____	$_____
Car Insurance:	$_____	$_____
Vehicle Loan(s):	$_____	$_____
Credit Card(s):	$_____	$_____
Other ( ):	$_____	$_____
Other ( ):	$_____	$_____

4 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 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 Access to Information and Protection of Privacy Act (ATIPPA) 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 Modification Program. ❒ Yes ❒ No
9. I/We understand that HMP regular clients are served on a "first-come, first-serve" basis.
10. I/We understand that applications for HMP regular modifications expire once the current year's funds have been allocated, at which time I will be notified in writing. I may reapply after April 1st.

_____ Signature of Applicant

_____ Signature of Co-Applicant

_____ Signature of Disabled Occupant or Power of Attorney

Y M D

Date

Reminder

- ✓ Only completed applications with a consent to receive income information from Canada Revenue Agency will be accepted.
- ✓ If you have any special needs (accessibility, medical, etc.) please attach a written letter from the appropriate professional (physician, social worker, occupational therapist, etc.).
- ✓ If AES is making payments on your behalf, please ensure that your AES file number is filled in on the front of this form.

NEWFOUNDLAND LABRADOR HOUSING
HOME MODIFICATION PROGRAM (HMP)
OCCUPATIONAL THERAPY / PROFESSIONAL LETTER OF RECOMMENDATION

Date: _____

Name of Client: _____

Date of Birth: _____

Address: _____

_____

Telephone: _____ E-Mail: _____

Contact person for client, if not client: _____

Address: _____

_____

Telephone: _____ E-Mail: _____

Relationship to client: _____

Date of Referral to Occupational Therapy: _____

Date of home visit: _____

Client's functional needs related to home modifications (Indicate whether modifications are urgent i.e. required for client to return/remain home):

Urgent: Yes ☐ No ☐ Use of wheelchair: Yes ☐ No ☐

_____

_____

_____

Recommended modifications:

_____

_____

_____

Pictures attached: Yes ☐ No ☐

Sketches attached: Yes ☐ No ☐

Comments:

Other Information attached:

Consultation requested with inspector before modifications approved by NLHC: ☐ Yes ☐ No

Please consult with the occupational therapists if recommendations need to be modified.

Name of Occupational Therapist:

Telephone: Fax: E-mail:

Signature Date

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 _____ (Month) / _____ (Year) , A.D.,
Before me;

_____
Homeowner

_____
Spouse (if applicable)

_____
Justice of the Peace, Barrister,
Commissioner of Oaths

Canada Revenue Agency Income Consent

Only applications which include this signed consent will be accepted for processing.

I/we hereby consent to the release of information from my/our previous year's income tax return (and, if applicable, other required taxpayer information about me/us whether supplied by me/us or by a third party) by the Canada Revenue Agency to the Newfoundland Labrador Housing Corporation (NLHC).

I understand that this taxpayer information will be used by NLHC to verify my/our eligibility and entitlement for housing programs and services offered by NLHC under Section 23(e) of the *Housing Corporation Act,* and that it will not be disclosed to any other person or organization without my/our approval.

Section 61(c) of the *Access to Information and Protection of Privacy Act, 2015* authorizes NLHC to collect personal information that "relates directly to and is necessary for an operating program or activity of a public body". If there are any questions about the NLHC's collection of the Taxpayer information I/we may contact NLHC's ATIPPA Co-ordinator at 709.724.3284.

I understand that this authorization is valid for the current taxation year as well as each subsequent consecutive taxation year for which assistance may be or has been requested.

I have given this consent voluntarily and I am aware that it may be revoked in writing (NLHC ATIPPA Co-ordinator, P.O. Box 220, 2 Canada Drive, St. John's NL A1C 5J2) at any time, except where action has already been taken.

Applicant's signature	**Co-applicant's signature (if applicable)**
Date	**Date**