

PROVINCIAL HOME REPAIR PROGRAM (PHRP)

Housing

Privacy section:

Newfoundland Labrador Housing (NL Housing) is subject to the *Access to Information and Protection Privacy Act.* Applicants/clients have a right to access to the existence, use and disclosure of their personal information.

Return to: Marystown Office

60 Atlantic Crescent P.O. Box 338 Marystown, NL A0E 2M0

Fax: 279-5387 Tel: 279-5375

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 Y M		_ 		al Insura Numbe		
1	(Applicant)					,							
2						. [
	(Co-Applicant)				nip to Applicant +)				0	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.												
Т	Telephone: (Home)	-	((Work)				(Cell)				П	
Add	dress:												
	(Street/Apartment) P. O. Box					l							
	(City/Town)					Province Postal Code							
Email Address:													
	ereby give consent for the fo olication.	llowing to make end	uires or ac	on my b	ehalf regarding	this applica	ation, and/o	r any loa	ns whic	ch may res	sult from	n this	_
			_										
	(Full Name)			(Relationship) (Telephone)					'				
_													
2	INCOM	E INFORMATIO	ON		<u> </u>								
Are you a client of the Department of Advanced Education and Skills (AES) or Health and Community Services (HCS)?													
AES File No			HCS File No										

3	FINAN	CIAL	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	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.					
Wha	What year was your house built? How long have your lived in your house? year(s)						
Wha	What type of repairs does your house require?						
	se attach any supporting documentation for the repairs your hous	e requires. If possible, include photographs, cost estimates, inspection reports, referral					
5	DECLARATION						
5 1. 2.	I/We declare the above information provided in this application I/We understand that the information provided in this applica information will only be disclosed to NL Housing personnel	ion is being collected for the purpose of administering NL Housing programs. This who need the information to carry out the responsibilities of their job and to other					
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- ✓ Only completed applications with a consent to receive income information from Canada Revenue Agency
 ✓ Proof of property/home ownership (Bill of Sale or Conveyance) is required with this application.
- If AES is making payments on your behalf, please ensure that your AES file number is filled in on the front of this form.

Canad Newfo	da oundland and Labrador	
	matter of ownership of house and property atoundland and Labrador, Canada.	(Address)
	AFFIDAVIT OF OWNERSHIP AND OCCU	JPANCY
I/We, of Nev	, of	, in the Province
1.	That I/We am/are, at present, years of age	
2.	That I/We am/are the sole owner/s of house and proper house since ${(Year)}$.	ty and have been living in this
3.	That it is acknowledged throughout the community of ——house and surrounding property is under my/our exclusive	
4.	That no person or persons have ever made a claim to ow individual has ever asserted that I/We am/are not the righ	
5.	That we swear this Affidavit conscientiously believing it criminal offence to falsely swear an Affidavit.	to be true and knowing it is a
in the	RN TO at, Province of Newfoundland & Labrador, day of/, A.D., e 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			