

FIRST-TIME HOMEBUYERS PROGRAM (FHP) FOR MODERATE INCOME HOUSEHOLDS

<p>Privacy section:</p> <p>Newfoundland and Labrador Housing Corporation (NLHC) is subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Applicants/clients have a right of access to the existence, use and disclosure of their personal information. Further to Section 61.(c) of ATIPPA, NLHC requires applicant(s) Social Insurance Number(s), as that information relates directly to and is necessary for the operation of NLHC programs.</p>	<p>Return to: Program Delivery Department Newfoundland and Labrador Housing Corporation 2 Canada Drive P. O. Box 220 St. John's, NL A1C 5J2 (709) 724-3149</p> <p>Fax to: (709) 724-3149</p> <p>Applications will be dated when post marked if mailed or when received.</p>
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1 APPLICANT INFORMATION **NOTE: Incomplete applications will be returned unprocessed.**

Applicant: _____ (Last Name) _____ (First Name) _____ (Initial) Marital Status: _____

Date of Birth:

Y	M	D

Social Insurance Number:

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Co-applicant: _____ (Last Name) _____ (First Name) _____ (Initial) Marital Status: _____

Date of Birth:

Y	M	D

Social Insurance Number:

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Telephone: (Home)

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 (Work)

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 (Cell)

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Address: _____ (Street/Apartment) _____ P.O. Box _____
 _____ (City/Town) _____ Province _____ Postal Code _____

Email Address: _____

I confirm that this is a first home purchase. Please complete attached Affidavit.

I certify that I will review the financial management and home maintenance education materials provided by NLHC.

2 FINANCIAL / INCOME INFORMATION

Please provide supporting documentation which states that you have been pre-approved for a mortgage.

Please complete the attached consent form allowing NLHC to receive income information from Canada Revenue Agency.

3 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 this program. This information will only be disclosed to NLHC 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 NLHC programs will be reported at the provincial/regional level and will not personally identify individuals. Section 61(c) of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA) authorizes NLHC to collect personal information that "... relates directly to and is necessary for an operating program or activity of the public body." Questions about NLHC's collection of personal information may be directed to NLHC's ATIPPA Coordinator by telephone (709) 724-3004 or by mail P.O. Box 220, 2 Canada Drive, St. John's NL A1C 5J2.
- 3) I/We hereby grant NLHC, 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 authorize NLHC 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 NLHC will be without penalty or liability for damages.
- 5) I/We understand that this application does not constitute an agreement by NLHC or its representatives to provide down payment assistance.
- 6) I/We further acknowledge the right of NLHC or its agent(s), 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.
- 7) I/We acknowledge that I/we reside in the province of Newfoundland and Labrador at the time of this application and/or have "Permanent Residency" status in the province.

Y M D

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Applicant

Co-Applicant

Reminder: Only completed applications with a signed consent to receive income information from Canada Revenue Agency and a signed affidavit will be accepted.

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CANADA

PROVINCE OF NEWFOUNDLAND AND LABRADOR

AFFIDAVIT

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

1. That I/We am/are, First Time Homeowners/Purchasers and am/are not named on any mortgage as Mortgagor or Guarantor;
2. That I/We make this Affidavit for the purposes of obtaining financial assistance through the First-time Homebuyers Program, knowing it is a criminal offense to falsely swear an Affidavit.

SWORN TO at _____ ,
in the Province of Newfoundland & Labrador,
this _____ day of _____ , 20____ A.D.,
Before me:

Applicant

Co-Applicant (if applicable)

Witness
(Commissioner of Oaths, Notary Public
or Justice of the Peace in and for the
Province of Newfoundland and Labrador)

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Canada Revenue Agency Income Consent for Programs

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 709.724.3004.

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

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