

## HOME MODIFICATION PROGRAM (HMP)

### Housing

<p>Privacy section: 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: Marystown Office 60 Atlantic Crescent P.O. Box 338 Marystown, NL A0E 2M0 Fax to: (709) 279-5387 Applications will be dated when post marked if mailed or when received.</p>
---	---

**NOTE: Incomplete applications will be returned unprocessed.**

<b>1 HOMEOWNER INFORMATION</b>	<b>Proof of home ownership must be attached. Adequate proof can be a purchase deed or mortgage. If not available, please complete the enclosed Affidavit.</b>																																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Last Name</th> <th style="width: 25%;">First Name</th> <th style="width: 10%;">Middle Initial</th> <th style="width: 10%;">Marital Status*</th> <th style="width: 10%;">Gender</th> <th style="width: 15%;">Date of Birth</th> <th style="width: 15%;">Social Insurance Number</th> </tr> <tr> <th colspan="5"></th> <th style="text-align: center;">Y M D</th> <th style="text-align: center;">Number</th> </tr> </thead> <tbody> <tr> <td>1. _____ <small>(Applicant)</small></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td>2. _____ <small>(Co-Applicant)</small></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;"><small>(+Relationship to Applicant)</small></td> <td colspan="2"></td> </tr> </tbody> </table> <p><small>* 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.</small></p> <p>Telephone: (Home)  _ _ _ _ - _ _ _ _  (Work)  _ _ _ _ - _ _ _ _  (Cell)  _ _ _ _ - _ _ _ _ </p> <p>Address: _____ <span style="margin-left: 150px;"><small>(Street/Apartment)</small></span> <span style="margin-left: 150px;"><small>(P.O. Box)</small></span></p> <p style="margin-left: 50px;">_____ <span style="margin-left: 100px;"><small>(City/Town)</small></span> <span style="margin-left: 100px;"><small>(Province)</small></span> <span style="margin-left: 100px;"><small>(Postal Code)</small></span></p> <p>Email Address: _____</p> <p>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:</p> <p>_____ <span style="margin-left: 150px;"><small>(Name)</small></span> <span style="margin-left: 150px;"><small>(Relationship)</small></span> <span style="margin-left: 100px;"> _ _ _ _ - _ _ _ _  <small>(Telephone)</small></span></p> <p>Use of wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What year was your house built? _____ How long have you lived in your house? _____</p>		Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth	Social Insurance Number						Y M D	Number	1. _____ <small>(Applicant)</small>	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _	2. _____ <small>(Co-Applicant)</small>	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _					<small>(+Relationship to Applicant)</small>		
Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth	Social Insurance Number																														
					Y M D	Number																														
1. _____ <small>(Applicant)</small>	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _																														
2. _____ <small>(Co-Applicant)</small>	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _																														
				<small>(+Relationship to Applicant)</small>																																

<b>2 OCCUPANT INFORMATION FOR PERSON WITH DISABILITY</b>																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Last Name</th> <th style="width: 25%;">First Name</th> <th style="width: 10%;">Middle Initial</th> <th style="width: 10%;">Marital Status*</th> <th style="width: 10%;">Gender</th> <th style="width: 15%;">Date of Birth</th> <th style="width: 15%;">Social Insurance Number</th> </tr> <tr> <th colspan="5"></th> <th style="text-align: center;">Y M D</th> <th style="text-align: center;">Number</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> </tbody> </table> <p><small>* Marital Status can be either: Single, Married, Widowed, Divorced, Separated, or Common Law.</small></p> <p>Please state the nature of the disability and modifications required: _____</p> <p>_____</p> <p>_____</p> <p><b>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 NLHC, a report prepared by a qualified medical professional other than an Occupational Therapist may be accepted.</b></p> <p>Referral Agency: _____ Contact: _____ <span style="margin-left: 100px;"> _ _ _ _ - _ _ _ _  <small>(Telephone)</small></span></p>		Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth	Social Insurance Number						Y M D	Number	_____	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth	Social Insurance Number																
					Y M D	Number																
_____	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _																

<b>3 INCOME INFORMATION FOR DISABLED OCCUPANT</b>	
<p>Are you a client of the Department of Advanced Education and Skills (AES) or Health and Community Services (HCS)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">AES File No. _____ HCS File No. _____</p>	

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 ( ): _____	\$ _____	\$ _____

5

**DECLARATION**

- I/We declare the above information provided in this application to be complete and true.
- I/We understand that the information provided in this application is being collected for the purpose of administering Newfoundland and Labrador Housing Corporation (NLHC) programs. 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.
- 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.
- I/We hereby grant NLHC, and/or its agents, permission to carry out an inspection of my/our property.
- 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.
- I/We understand that this application does not constitute an agreement by NLHC or its representatives to provide housing assistance.
- I/We further acknowledge the right of NLHC 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.
- I/We understand that HMP regular clients are served on a "first-come, first-serve" basis.
- I/We understand that my/our application expires once the current year's funds have been allocated, at which time I will be notified in writing.

\_\_\_\_\_  
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 AND LABRADOR HOUSING CORPORATION  
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  Yes  No  
modifications approved by NLHC:

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

Name of Occupational Therapist: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CANADA**

**PROVINCE OF NEWFOUNDLAND AND LABRADOR**

In the matter of ownership of house and property at \_\_\_\_\_,  
Newfoundland and Labrador, Canada.

**AFFIDAVIT**

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 \_\_\_\_\_.
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 \_\_\_\_\_, 20\_\_\_\_ A.D.,  
Before me:

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Spouse (if applicable)

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

**BLANK PAGE**

## 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**