

PROVINCIAL HOME REPAIR PROGRAM (PHRP)

Housing

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.

Return to: Avalon Regional Office 2 Canada Drive

2 Canada Drive P.O. Box 220 St. John's, NL A1C 5J2

Fax to: (709) 724-3037

Applications will be dated when post marked if mailed or when received.

NOTE: Incomplete applications will be returned unprocessed.

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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.		
1 1	First M		3 3		
Last Name		iddle Marital itial Status*	Gender	Date of Birth Y M D	Social Insurance Number
1					
(Applicant)					
2					
(Co-Applicant)		(Relationshi)	p to Applicant +)		
* Marital Status can be either: Single, Ma	arried, Widowed, Divorced	, Separated or Comm	non-Law.		
+ Relationship to Applicant can be either:	Spouse, Child, Other Rel	lative 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 follow	ving to make enquires	s or act on my be	half regarding this	application, and/or any loan:	s which may result from this
application.				· _	
					-
(Full Name)			(Relationship		(Telephone)
(Full Name)			(Relationship		(тетерпопе)
2 INCOME	INFORMATION				
A	D		-ti	\FO\!!!#! O	it 0i (LICO)0
Are you a client of tr	ne Department of A		ation and Skills (A	AES) or Health and Comi	munity Services (HCS)?
			res 🗀 No		
AES F	ile No		HC	S File No	
3 FIN	IANCIAL		Include all bank	or finance company loans,	car payments, charge accounts, etc.
		nthly Payment		Balance Owing	
	ent: \$				
Property and Water Tax					
	city: \$				
Oil, Wood and Other Fu					
	nce: \$				
	nce: \$				
	n(s): \$				
Credit Card	d(s): \$		\$		
Other (): \$		\$		
Other (): \$		\$		

			Proof of home owner	ership must be attached. Adequate proof can be a purchase	
4	HOU	SEHOLD INFORMATION	deed or mortgage.	If not available, please complete the enclosed Affidavit.	
Wha	What year was your house built? How long have your lived in your house? year(s)				
Wha	at type of repairs doe	s your house require?			
Plea	ase attach any sunno	rting documentation for the repairs your house	e requires If possible	e, include photographs, cost estimates, inspection reports, referral	
	ncy assessments, et			,	
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 <i>Access to Information and Protection of Privacy Act, 2015 (ATIPPA)</i> 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. 					
4. 5.	 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 				
6.					
 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 my/our application expires once the current year's funds have been allocated, at which time I will be notified in writing. 					
<u> </u>					
	Date	Signature of Applicar	nt	Signature of Co-Applicant	
Υ	M D				

Reminder

- ✓ Only completed applications with a consent to receive income information from Canada Revenue Agency will be accepted.
- Proof of home ownership (i.e. Purchase Deed, Mortgage, or Affidavit) 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.



CANADA

PROVINCE OF NEWFOUNDLAND AND LABRADOR

Province of Newfoundland and Labrador)

	matter of ownership of house and property at undland and Labrador, Canada.	,
	AFFIDAVIT	
I/We,	Province of Newfoundland and Labrador, make oath and	_, of, 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 properthis house since	erty and have been living in
3.	That it is acknowledged throughout the community of house and surrounding property is under my/our exclusi	
4.	That no person or persons have ever made a claim to one of individual has ever asserted that I/We am/are not the	
5.	That we swear this Affidavit conscientiously believing i a criminal offence to falsely swear an Affidavit.	t to be true and knowing it is
SWORN TO at , Homeowner this day of , 20 A.D., Before me:		Homeowner
D 0101	o mo.	Spouse (if applicable)
	ess missioner of Oaths, Notary Public stice of the Peace in and for the	

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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		