

PROVINCIAL HOME REPAIR PROGRAM (PHRP)

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: Corner Brook Office 34 Boone's Road P.O. Box 826 Corner Brook, NL A2H 6H6 Fax to: (709) 639-5206 Applications will be dated when post marked if mailed or when received.
---	---

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.																																																																																	
<table><tr><td>Last Name</td><td>First Name</td><td>Middle Initial</td><td>Marital Status*</td><td>Gender</td><td>Date of Birth Y M D</td><td>Social Insurance Number</td></tr><tr><td>1. _____ (Applicant)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr><tr><td>2. _____ (Co-Applicant)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table> * 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) <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table> (Work) <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table> (Cell) <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table> Address: _____ (Street/Apartment) _____ P. O. Box _____ _____ (City/Town) _____ Province _____ Postal Code _____ Email Address: _____ I hereby give consent for the following to make enquires or act on my behalf regarding this application, and/or any loans which may result from this application. _____ (Full Name) _____ (Relationship) <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table> (Telephone)			Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth Y M D	Social Insurance Number	1. _____ (Applicant)	_____	_____	_____	_____	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											2. _____ (Co-Applicant)	_____	_____	_____	_____	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														-							-							-							-			
Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth Y M D	Social Insurance Number																																																																													
1. _____ (Applicant)	_____	_____	_____	_____	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																							
2. _____ (Co-Applicant)	_____	_____	_____	_____	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																							
			-																																																																																
			-																																																																																
			-																																																																																
			-																																																																																

2	INCOME INFORMATION	
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. _____		

3	FINANCIAL	Include all bank or finance company loans, car payments, charge accounts, etc.																						
<table><tr><td>Monthly Payment</td><td>Balance Owing</td></tr><tr><td>Mortgage/Rent: \$ _____</td><td>\$ _____</td></tr><tr><td>Property and Water Taxes: \$ _____</td><td>\$ _____</td></tr><tr><td>Electricity: \$ _____</td><td>\$ _____</td></tr><tr><td>Oil, Wood and Other Fuels: \$ _____</td><td>\$ _____</td></tr><tr><td>House Insurance: \$ _____</td><td>\$ _____</td></tr><tr><td>Car Insurance: \$ _____</td><td>\$ _____</td></tr><tr><td>Vehicle Loan(s): \$ _____</td><td>\$ _____</td></tr><tr><td>Credit Card(s): \$ _____</td><td>\$ _____</td></tr><tr><td>Other (): \$ _____</td><td>\$ _____</td></tr><tr><td>Other (): \$ _____</td><td>\$ _____</td></tr></table>			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 (): \$ _____	\$ _____
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 (): \$ _____	\$ _____																							

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