Newfoundland Labrador
Housing

FCN 9001E
04/2019

PROVINCIAL HOME REPAIR PROGRAM (PHRP)

Privacy section:	Return to: Marystown Office 60 Atlantic Crescent P.O. Box 338 Marystown, NL A0E 2M0
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.	Fax to: (709) 279-5387 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.

	Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth Y M D	Social Insurance Number
1. (Applicant)							
2. (Co-Applicant)				(Relationship to Applicant +)			

* 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) ___-____ (Work) ___-____ (Cell) ___-____

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) (Telephone)

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.

	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 the enclosed Affidavit.

What year was your house built? _____ How long have your lived in your house? _____ year(s)

What type of repairs does your house require? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please attach any supporting documentation for the repairs your house requires. If possible, include photographs, cost estimates, inspection reports, referral agency assessments, etc.

5	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 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.
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 hereby grant NLHC, and/or its agents, permission to carry out an inspection of my/our property.
5. 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.
6. I/We understand that this application does not constitute an agreement by NLHC or its representatives to provide housing assistance.
7. 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.
8. 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.

Date Y M D	Signature of Applicant	Signature of Co-Applicant

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.

Newfoundland Labrador
Housing

FCN 3406
02/2019

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)

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FCN 11,210A
09/2018

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**