

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. We will only use the personal information collected or provided as part of this application process for purposes directly related to the operation of the relevant programs and for statistical reports. Information you provide us in confidence will be kept confidential unless we are required or authorized by laws such as ATIPPA to release it.

If you need assistance, please contact your local Regional Office at the number provided on Page 5.

NOTE: Incomplete applications will not be processed.

1 HOMEOWNER INFORMATION

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

Date of Birth: _____ Social Insurance No.: _____
(yyyyymmdd)

Marital Status: _____ Gender: _____

Co-Applicant: _____
(Last Name) (First Name) (Initial)

Date of Birth: _____ Social Insurance No.: _____
(yyyyymmdd)

Marital Status: _____ Gender: _____

Contact Information:

Home: _____ Cell: _____

Email: _____

Address: _____
(Street) (P.O. Box)

_____ (City/Town) (Province) (Postal Code)

1	HOMEOWNER INFORMATION (Continued)																		
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. _____ _____ _____ (Full Name) (Relationship) (Telephone Number) If a Power of Attorney has been granted, please provide their information: _____ _____ (Name) (Telephone Number)																			
2	HOME ASSESSMENT																		
The Home Repair Program (HRP) is intended to address the most critical issues affecting the property. You are encouraged to identify and prioritize repairs based on necessity rather than preference. Priority should be given to issues that affect your ability to safely remain in your home, such as a leaking roof, over issues that are more cosmetic. If approved, repairs are required to be completed as represented herein. Age of home? _____ How long have you lived in this home? _____																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: yellow;"> <th colspan="2" style="padding: 5px;">Please select the repair(s) category you need and carefully answer <u>only</u> the questions related to those repairs. Your answers will help us determine eligibility</th> <th style="width: 10%; padding: 5px;">Yes</th> <th style="width: 10%; padding: 5px;">No</th> </tr> <tr> <td style="width: 20%; text-align: center; vertical-align: middle; padding: 5px;"> ☐ Structural </td> <td style="padding: 5px;"> 1. Is your foundation cracked or damaged? 2. Does your home have sloped, sagging or uneven floors? 3. Does water collect in the basement? 4. Are the entrance steps/landing rotted and unsafe? </td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center; vertical-align: middle; padding: 5px;"> ☐ Roof </td> <td style="padding: 5px;"> 1. Is your roof in poor condition? 2. Does the roof leak when it rains or snows? 3. Have your shingles been replaced in the last 10 years? 4. Are the eaves showing signs of rot? </td> <td></td> <td></td> </tr> <tr> <td style="text-align: center; vertical-align: middle; padding: 5px;"> ☐ Electrical </td> <td style="padding: 5px;"> 1. Does your home have a fuse panel? 2. Is the panel sparking or are breakers tripping? 3. Are any outlets or wires burned? </td> <td></td> <td></td> </tr> </table>				Please select the repair(s) category you need and carefully answer <u>only</u> the questions related to those repairs. Your answers will help us determine eligibility		Yes	No	☐ Structural	1. Is your foundation cracked or damaged? 2. Does your home have sloped, sagging or uneven floors? 3. Does water collect in the basement? 4. Are the entrance steps/landing rotted and unsafe?			☐ Roof	1. Is your roof in poor condition? 2. Does the roof leak when it rains or snows? 3. Have your shingles been replaced in the last 10 years? 4. Are the eaves showing signs of rot?			☐ Electrical	1. Does your home have a fuse panel? 2. Is the panel sparking or are breakers tripping? 3. Are any outlets or wires burned?		
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☐ Heating	1. What is the home's primary source of heat? ☐ Wood Stove ☐ Wood Furnace ☐ Oil Furnace ☐ Electric Furnace ☐ Electric Baseboard Heaters ☐ Propane Heating System ☐ Ducted Heat Pump System ☐ Mini Split(s)		
	2. Is it working?		
	3. Is it safe to use?		
	4. Do you have a second or back-up heat source? If yes, please specify: _____		
☐ Water	1. Do you have running water inside the home?		
	2. Are there pipes leaking, rusty or broken?		
☐ Septic	1. Is your septic system broken or is sewage coming into the home?		
☐ Other	1. Are your windows leaking?		
	2. Are your doors leaking?		
	3. Is your home drafty or in need of insulation?		

ATTESTATION:

I hereby certify that, to the best of my knowledge, the repair(s) identified in this application represents the primary repair needs of the property. I further attest that I am not aware of any additional significant, critical, or major deficiencies affecting the dwelling, including but not limited to structural, electrical, plumbing, heating, roofing, environmental, health, or safety-related issues that would require more substantial repairs than those for which assistance is being requested.

I understand that approval of assistance under the Home Repair Program is based on the information provided in this application and that any undisclosed major deficiencies identified before, during, or after the completion of the approved work may affect the eligibility of the project for funding. I acknowledge that the Home Repair Program is not obligated to approve, fund, or complete additional repairs beyond those identified and approved through the application process and approved funds may not be diverted to such purposes. I understand that NLHC reserves the right, as necessary and in its discretion, to conduct an inspection of the property.

By signing below, I confirm that the information provided is true, complete, and accurate and that any intentional misrepresentation or omission of material information may result in the cancellation of assistance, repayment of funds, or other actions deemed appropriate by the Program.

Signature: _____

Date: _____

1. I/We declare the above information provided in this application to be complete and true and I/we have not provided any false, misleading or deceptive statements or omissions of any material fact bearing on this application.
2. I/We understand that the information provided in this application is being collected for the purpose of administering 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 (ATPPA) 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 telephoning (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 as and when necessary.
5. I/We authorize NLHC to investigate any or all of the statements made herein, being fully aware that discovery of any false information, misleading or deceptive statements or omissions of any material fact may result in the cancellation of this application and repayment of any funds advanced. 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.

(Applicant)

(Co-Applcant)

(Date - yyyyymmdd)

Signature of Power of Attorney (if applicable)

(Date – yyyyymmdd)

4	CHECKLIST									
Before submitting your application, please ensure you have signed where required and included the following applicable documents. Incomplete applications will not be processed. ☐ Two contractor quotes providing a detailed breakdown of the required repairs ☐ Signed Canada Revenue Agency Income Consent for Programs ☐ Proof of Homeownership (provide one of the following) ☐ Property purchase deed ☐ Mortgage document ☐ Affidavit of Homeownership and most recent property tax statement ☐ If a Power of Attorney has been granted, provide a copy of the document ☐ Repair-specific documents: ☐ If in need of electrical repairs, include an inspection report from a Class 1 Electrician, Government Services or Newfoundland Power ☐ If in need of heating repairs, include an inspection report from an Oil Burner Mechanic or local Fire Department ☐ If in need of septic repairs, include an inspection report from Government Services.										
5	REGIONAL OFFICE CONTACT LIST									
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>St. John's Office</u> 2 Canada Drive, PO Box 220 St. John's, NL A1C 5J2 Telephone: 709-724-3000 Email: programs@nlhc.nl.ca </td> <td style="width: 50%; vertical-align: top;"> <u>Marystown Office</u> 60 Atlantic Crescent, PO Box 338 Marystown, NL A0E 2M0 Telephone: 709-279-5375 Email: marystownprograms@nlhc.nl.ca </td> </tr> <tr> <td style="vertical-align: top;"> <u>Gander Office</u> 5 Garrett Drive, PO Box 410 Gander, NL A1V 1W8 Telephone: 709-256-1300 Email: centralprograms@nlhc.nl.ca </td> <td style="vertical-align: top;"> <u>Grand Falls-Windsor Office</u> 5 Hardy Avenue Grand Falls-Windsor, NL A2A 2P8 Telephone: 709-292-1000 Email: centralprograms@nlhc.nl.ca </td> </tr> <tr> <td style="vertical-align: top;"> <u>Corner Brook Office</u> 34 Boone's Road, PO Box 826 Corner Brook, NL A2H 6H6 Telephone: 709-639-5201 Email: westernprograms@nlhc.nl.ca </td> <td style="vertical-align: top;"> <u>Stephenville Office</u> 58 Oregon Drive Stephenville, NL A2N 2Y1 Telephone: 709-643-6826 Email: westernprograms@nlhc.nl.ca </td> </tr> <tr> <td style="vertical-align: top;"> <u>Labrador Office</u> 8 Royal Street, PO Box 299 Happy Valley-Goose Bay, NL A0P 1E0 Telephone: 709-896-1924 Email: labradorprograms@nlhc.nl.ca </td> <td></td> </tr> </table>			<u>St. John's Office</u> 2 Canada Drive, PO Box 220 St. John's, NL A1C 5J2 Telephone: 709-724-3000 Email: programs@nlhc.nl.ca	<u>Marystown Office</u> 60 Atlantic Crescent, PO Box 338 Marystown, NL A0E 2M0 Telephone: 709-279-5375 Email: marystownprograms@nlhc.nl.ca	<u>Gander Office</u> 5 Garrett Drive, PO Box 410 Gander, NL A1V 1W8 Telephone: 709-256-1300 Email: centralprograms@nlhc.nl.ca	<u>Grand Falls-Windsor Office</u> 5 Hardy Avenue Grand Falls-Windsor, NL A2A 2P8 Telephone: 709-292-1000 Email: centralprograms@nlhc.nl.ca	<u>Corner Brook Office</u> 34 Boone's Road, PO Box 826 Corner Brook, NL A2H 6H6 Telephone: 709-639-5201 Email: westernprograms@nlhc.nl.ca	<u>Stephenville Office</u> 58 Oregon Drive Stephenville, NL A2N 2Y1 Telephone: 709-643-6826 Email: westernprograms@nlhc.nl.ca	<u>Labrador Office</u> 8 Royal Street, PO Box 299 Happy Valley-Goose Bay, NL A0P 1E0 Telephone: 709-896-1924 Email: labradorprograms@nlhc.nl.ca	
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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 and 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

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 – Affix Seal/Stamp
(Commissioner of Oaths, Notary Public
or Justice of the Peace in and for the
Province of Newfoundland and Labrador)