

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 4.

NOTE: Incomplete applications will be not be processed.

1 HOMEOWNER INFORMATION

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

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

Marital Status: _____ Gender: _____

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

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

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: (Full Name) (Telephone Number)	
2	INFORMATION FOR OCCUPANT REQUIRING MODIFICATION(S)
 (Last Name) (First Name) (Initial) Date of Birth: Social Insurance No.: (yyyymmdd) Marital Status: Gender: A Letter of Recommendation from an Occupational Therapist (OT) is not required for minor modifications, such as grab bars, handrails, lever-style handles, anti-slip tape and comfort height toilets. All other modifications still require a Letter of Recommendation from an OT. If requesting minor modifications without an OT assessment, please list the minor modifications you are requesting: 	
3	DECLARATION
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-Applicant)

 (Date - yyyyymmdd)

 Signature of Person Requiring Accessible Modification
 (or Power of Attorney for Person Requiring Accessible
 Modifications)

 (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 modifications ☐ 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 ☐ A Letter of Recommendation from an Occupational Therapist (OT) is required for all modifications except grab bars, handrails, lever-style handles, anti-slip tape and comfort height toilets. Where extenuating circumstances exist and at the discretion of NLHC, a Letter of Recommendation prepared by an alternate healthcare professional may be accepted. ☐ If a Power of Attorney has been granted, provide a copy of the document.	
5	REGIONAL OFFICE CONTACT LIST
<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	

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)

LETTER OF RECOMMENDATION

Home Modification Program

This form **must** be completed by a healthcare professional and submitted in a typed format. As an example, an Occupational Therapist (OT) would use this form to recommend a ramp or bathroom accessibility modifications. It is valid for one (1) year. A fillable copy is available online at <https://www.nlhc.nl.ca/housing-programs/home-modification-program-hmp/>.

Client's Name:

DOB:

Address:

Contact person:

☐

Urgent Priority

Modifications to address serious medical conditions which, if not corrected immediately, would jeopardize the client's ability to return to (or remain at) home.

☐

Regular Priority

Modifications that aid independent living for the foreseeable future, but do not jeopardize the ability to return to (or remain at) home. Immediate action is not required.

Please describe the nature and impact of the condition:

Is the condition permanent? ☐ Yes ☐ No

The Home Modification Program assists clients to remain in their own homes long term. Is the current healthcare condition expected to be ☐ short term or ☐ long term?

Does the client use a mobility aid? ☐ No ☐ Cane ☐ Walker ☐ Wheelchair

Recommended modifications (list in priority order and ensure aligned with available funding):

Are the modifications required for discharge from a hospital setting? ☐ Yes ☐ No

Name of Healthcare Professional:

Title or Professional Designation:

Telephone:

Email:

Signature of Healthcare Professional

Date