

**The Nunatsiavut
Housing Commission**
General Housing Assistance Application

Application Instructions

☐ **Step 1:** Complete, sign and date all sections of the application form.

☐ **Step 2:** Gather and provide copies of supporting documents.

☐ **Step 3:** Submit your application by mail, fax, email or drop off at our office or your local Community Liaison worker's office for submission to the NHC.

☐ **Step 4:** Wait for our letter advising your application has been processed.

Completed applications with all supporting documents will be reviewed in the order they are received.

Applications submitted without required documents can be held for a maximum of 90 days.

APPLICATIONS MUST BE renewed annually and any change in your circumstances should be reported.

Contact Us

Hours:
8:30am – 4:30pm Monday – Friday

Email

info@nunatsiavuthousing.ca

The Nunatsiavut Housing Commission uses this information to select tenants or housing when units become available, for Home Repairs, Emergency Home Repairs and other programs that may become available.

All information collected in this application will be kept confidential with the staff and Board members of the Nunatsiavut Housing Commission.

The NHC may complete additional checks to assess a household's ability to uphold the obligations of a tenancy agreement. These may include:

- Updated information on household members, income, and assets
- Reference checks
- Personal interviews
- Consent for a credit or criminal record check

Successful applicants will be required to sign a tenancy agreement and addendum covering topics on pets, smoking, or other conditions.

NHC reviews Emergency and Home Repair Program applications in the order in which they are received on an ongoing basis. Eligible applications can be denied due to funding limitations. If you meet the eligibility requirements, you can apply for any of the NHC programs as necessary. First-time applicants may be prioritized over previous recipients.

If you have experienced domestic abuse or human trafficking, if you are in a separated family, or you are homeless [living in a shelter or on the streets], you may be eligible for priority access. Letters of support are required.

CONTACTS FOR ASSISTANCE WITH THE FOLLOWING:

Emergency / Critical Repair Program / Heating issues	cassie.vincent@nunatsiavut.com
Affordable Home Warmth Repair Program	veronique.bourget@nunatsiavut.com
General Inquiries/ OHS	brandy.jacque@nunatsiavut.com
Affordable Rental Program	amber.vincent@nunatsiavut.com
Maintenance Inquiries	richard.tuttauk@nunatsiavut.com
Housing Inspections	todd.pottle@nunatsiavut.com

Eligibility Requirements

Affordable Rental Housing

Everyone may apply and is eligible for Affordable Rental Housing; however, you will be prioritized for the Program If your household meets the following conditions:

1. One of the following household groups:
 - Family
 - Senior (65+)
 - Person with Disabilities
 - Single people or couples at risk of homelessness
 - On a fixed income
 - Beneficiary
2. Reside in Nunatsiavut.
3. Meet residency requirements.
4. Able to live independently.

Home Repair and Emergency Repair Programs

Due to limited funding, not all Beneficiaries will be able to receive support from this program. To receive support, you must:

1. Meet the eligibility criteria set out in the Nunatsiavut Housing Commission Home Repair Program Policy. The basic eligibility is as follows:
 - Must meet the definition of Beneficiary as defined under Part 1.1 under the Labrador Inuit Land Claims Agreement;
 - Must be the owner of the home (i.e. not renting the home) and;
 - If you have received assistance from the Nunatsiavut Government Affordable Home Repair Program in the last **five** years, any further assistance will be provided at the discretion of the Nunatsiavut Housing Commission.

Complete this Application Form; and

- Submit a copy of the 2024 Notice of Assessment(s) from Canada Revenue Agency for all permanent residents of the household under the age of 65.

Applicants should inform the Housing Commission if they move, change their contact information, or have changes in family composition.

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Please Print Clearly

FOR OFFICE USE ONLY

File:

Date:

SELECT WHICH PROGRAM YOU ARE APPLYING FOR [check all that apply]:

☐ Affordable Housing

☐ Critical/Emergency Home Repair

IF APPLYING FOR THE EMERGENCY HOME REPAIR PROGRAM, PLEASE DESCRIBE THE REPAIRS YOU ARE SEEKING.

X	Eligible Repairs
	Broken Heating System.
	Structural damage to a foundation, roof, or exterior walls.
	Plumbing problems preventing potable water getting to your home.
	Wiring and electrical systems to address health and safety hazards.
	Damaged flooring that is a safety hazard.
	Any other item that poses a risk to the health and safety of the inhabitants.
	Any item required to prevent the loss of an essential service.
	Do you have mould present in the home?

ADDITIONAL INFORMATION

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1. Applicant Information

List yourself and all potential household members for subsidized housing. If required, attach a separate sheet for more names.

Last Name	First Name(s)	Relationship to Applicant	Date of Birth (dd/mm/yyyy)	Gender Identity	Beneficiary Number

2. Residential Address Those who currently reside in Nunatsiavut will be prioritized for the Affordable Rental Program.

Street #	Street Name	Apt #	Town	Postal Code

Mailing Address If different from residential address.

Street #	Street Name	Apt #	PO Box	Town	Postal Code

3. Contact Information

Cell Phone	Other	Email
Optional: Name of person we can leave messages with		Message person phone number
Optional: Authorized contact* name and relationship to you		Authorized contact phone number

Note: By providing an authorized contact, you are giving permission for NHC to exchange information with that authorized contact in order to maintain and update your applicant file. To remove an authorized contact, please contact the NHC.

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5. Income Information

List all gross (before deductions) monthly Income for household members aged 19 and older. If required, attach separate sheet. You must **provide supporting documentation** such as Notice of Assessment from CRA or pay stubs, or letters verifying other assistance. For Housing repair or Emergency repair programs the applicant agrees to cost share based on the NHC Income threshold Policy as detailed at the end of this application form.

Name	Income Source (Income Assistance, employment, EI, pension, etc.)	Gross Monthly Income (\$)	Disability Income?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 5 a.** Is any adult child (ages 19 — 24) a full-time student in the household? ☐ Yes ☐ No
Please provide required proof of full-time student status and suggested proof of income documents as stated in the checklist.

6. Current Accommodation

- 6a** Are you currently renting? ☐ Yes ☐ No

If you are renting, how much is your monthly rent payment? \$ _____

- 6b** House type: ☐ NHC ☐ NLHC ☐ Privately owned

- 1.** If private, do you certify that you are the owners of the house and the lot for which you are seeking assistance?
☐ Yes ☐ No

- 2.** Do you have/suspect you have mold? ☐ Yes ☐ No
a. If so in what locations?

- 3.** To take part in the Housing Repair or Emergency Repair programs, you must be willing to have an inspection team visit your house to determine the specific repairs needed. Are you willing to have an inspection team visit your home? ☐ Yes ☐ No

- 6c** Please describe your current living arrangements.

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- | | | |
|---|--|--|
| <input type="checkbox"/> House/Townhouse | <input type="checkbox"/> Apartment/Basement | <input type="checkbox"/> Manufactured Home/Trailer |
| <input type="checkbox"/> Sleeping Outside | <input type="checkbox"/> Staying with Family | <input type="checkbox"/> Staying with Friends |
| <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Transition Home | <input type="checkbox"/> Second Stage Housing |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Care Facility or Treatment Centre |

If “homeless” is selected, please explain in box 9 below and provide letters of verification.

7

Do you have children who face abuse, unfair discrimination or marginalization at home or at risk of being removed from family care or live outside family care, or who are otherwise in need of social protection? Provide letter(s) of verification / support from DHSD or Children, Seniors and Social Development (CSSD).

- ☐ Yes ☐ No

If Yes, please Describe: _____

7a

Are you or your immediate family a victim of violence or exposed to addictions?

- ☐ Yes ☐ No

Please Describe (optional): _____

7b

Do you or your immediate family suffer from a disability or a verifiable chronic health condition [Physical or Mental]? Please provide letter(s) of support from medical professionals. ☐ Yes ☐ No

Please Describe: _____

8

Have you received a legal Notice to End Tenancy? ☐ Yes ☐ No

If yes, when do you have to move by? _____

9.

Is there anything else that you want to share with a potential landlord about your current living situation? For example, are you living with family? Living in a temporary housing situation? Sharing bedrooms? Using a non-bedroom for sleeping? In an overcrowded housing situation? At risk of losing your current housing? Provide as much information as you can. Add an additional sheet if necessary.

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FOR HOUSING REPAIR AND EMERGENCY REPAIR PROGRAMS

Please note that submitting this application **does not** guarantee that the NHC will perform the repairs that you have requested. The NHC will inform you whether your application is accepted and, if accepted, what repairs the NHC agrees to perform. As noted in question #5 of the above application, households with incomes over \$90,000.00 per year will be required to cost-share repairs to a percentage outlined in section 19.3 of the NHC Home Repair Program Policy Updated 2025]. Payment of your estimated share of the total costs shall be paid in full either in a lump sum or in installments prior to the commencement of work.

Contribution Requirements Based on Income Thresholds

a. Exemptions from Contribution:

- Households with an annual family income of \$90,000 or below are exempt from the requirement to contribute to NHC programs.
- Seniors aged 65 and above are exempt from the contribution requirement, regardless of household income.

b. Fixed Contribution for Middle-Income Households:

- Households with an annual family income between \$90,001 and \$110,000 are required to make a flat fee proportional contribution of \$2,500.

c. Fixed Contribution for High-Income Households:

- Households with an annual family income above \$110,001 are required to make a flat fee proportional contribution of \$5,000.

I hereby certify that the above statements and provided information are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for housing benefits and may result in legal action.

Signature

APPLICANT

DATE

NAME