



NUNAVUT HOUSING CORPORATION PROGRAM APPLICATION INFORMATION FORM

FOR NHC OFFICE USE ONLY:	DISTRICT:	COMMUNITY:	DATE RECEIVED (DD.MM.YYYY): DATE EVALUATED (DD.MM.YYYY):
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GN STAFF CONDOMINIUM (CONDO) PROGRAM

PRIMARY APPLICANT:		
LAST NAME:	FIRST NAME:	MIDDLE NAME:
DEPARTMENT:	DIVISION:	JOB TITLE:
DATE OF BIRTH (DD.MM.YYYY)	ARE YOU AN INUK ENROLLED UNDER THE NUNAVUT AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMUNITY:	HOUSE #:	PO BOX:
		POSTAL CODE:
HOME	WORK EX.	HOME <input type="checkbox"/> WORK <input type="checkbox"/>
EMAIL:		

CO-APPLICANT (IF APPLICABLE):		
RELATIONSHIP WITH PRIMARY APPLICANT:		
LAST NAME:	FIRST NAME:	MIDDLE NAME:
DEPARTMENT:	DIVISION:	JOB TITLE:
DATE OF BIRTH (DD.MM.YYYY)	ARE YOU AN INUK ENROLLED UNDER THE NUNAVUT AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMUNITY:	HOUSE #:	PO BOX:
		POSTAL CODE:
HOME	WORK EX.	HOME <input type="checkbox"/> WORK <input type="checkbox"/>
EMAIL:		

PROGRAM ELIGIBILITY INFORMATION:	PRIMARY APPLICANT	CO-APPLICANT
YEARS LIVED IN NUNAVUT BEFORE APPLICATION:		
CONSECUTIVE YEARS WORKED FOR A PUBLIC AGENCY OR GN DEPARTMENT:		
THIS HOME WILL BE/IS USED AS YOUR PRINCIPAL RESIDENCE?	Y / N	Y / N
DO YOU CURRENTLY OWN ANY RESIDENTIAL PROPERTY?	Y / N	Y / N
DO YOU HAVE ARREARS WITH ANY HOUSING ASSOCIATION, HOUSING AUTHORITY OR NHC?	Y / N	Y / N
NUMBER OF BEDROOMS IN YOUR CURRENT HOME?		
NUMBER OF PERSONS CURRENTLY RESIDING IN YOUR HOME?		

IN ADDITION, YOUR APPLICATION MUST INCLUDE:

- A BANK LETTER OF COMMITMENT/MORTGAGE PRE-APPROVAL OR PROOF OF ALTERNATIVE FINANCING
- COMPLETED STATUTORY DECLARATIONS (APPENDIX A&B)

AN EMPLOYMENT VERIFICATION OF INCOME FORM MAY ALSO BE REQUESTED.

PLEASE RETURN COMPLETED APPLICATION TO NHC DIRECTORATE OFFICE:
P.O. BOX 1000 STATION 1400, IQALUIT NU X0A 0H0 ☎ (867) 975-7200, OR
E-MAIL: CONDO.PROGRAM@NUNAVUTHOUSING.CA

HOMEOWNERSHIP ASSISTANCE PROGRAM INFORMATION FORM

HOUSING INFORMATION:

PLEASE SELECT THE TYPE OF HOUSING THAT THE PRIMARY APPLICANT CURRENTLY LIVES IN:

PUBLIC HOUSING PRIVATELY RENTED GN STAFF HOUSING OTHER (SPECIFY):

LOCATION OF UNIT TO BE PURCHASED

PLEASE RANK THE BUILDING LOCATION BY PREFERENCE (1 BEING MOST PREFERRED, 4 BEING LEAST PREFERRED):

4096 APUT COURT (2&3 BEDROOM)	5196 QAJISARVIK ROAD (2 BEDROOM)
4096B APUT COURT (1&2 BEDROOM)	5198 QAJISARVIK ROAD (2 BEDROOM)

NUMBER OF BEDROOMS:

PLEASE SELECT YOUR PREFERRED NUMBER OF BEDROOMS (YOU MAY SELECT MORE THAN 1 OPTION; NOTE THAT THIS DOES NOT GUARANTEE THAT YOUR SELECTED PREFERENCE WILL BE AVAILABLE)

<input type="checkbox"/> 1 BEDROOM	<input type="checkbox"/> 3 BEDROOM
<input type="checkbox"/> 2 BEDROOM	

BANK INFORMATION:

NAME OF BANK:	ADDRESS:
CONTACT NAME:	TITLE FOR CONTACT:
:	:
	EMAIL:

REQUIRED ATTACHMENTS:

PLEASE MAKE SURE THE FOLLOWING FORMS ARE COMPLETED AND INCLUDED WITH THIS APPLICATION:

FINANCING:	<input type="checkbox"/> BANK LETTER OF COMMITMENT FOR MORTGAGE OR <input type="checkbox"/> PROOF OF ALTERNATIVE FINANCING
STATUTORY DECLARATION (APPENDIX A):	<input type="checkbox"/> LENGTH OF RESIDENCY IN NUNAVUT
STATUTORY DECLARATION (APPENDIX B):	<input type="checkbox"/> OCCUPANCY RATE IN CURRENT HOME

DECLARATION

I/WE CERTIFY THAT THE STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I/WE UNDERSTAND THAT IF ANY OF THESE STATEMENTS ARE FOUND TO BE UNTRUE THIS APPLICATION MAY BE REJECTED AND ANY ASSISTANCE GRANTED IS TO BE REPAID IN FULL. THE NUNAVUT HOUSING CORPORATION IS COMMITTED TO PROTECTING PERSONAL PRIVACY. INFORMATION IS COLLECTED, USED AND DISCLOSED IN ACCORDANCE WITH THE ACCESS TO INFORMATION AND PRIVACY ACT. I/WE UNDERSTAND THAT THE INFORMATION PROVIDED WILL BE USED ONLY FOR THE PURPOSE OF NUNAVUT HOUSING CORPORATION PROGRAMS. I/WE FURTHER AGREE AND CONSENT THAT INQUIRIES MAY BE MADE AT ANY TIME IN CONNECTION WITH THE ASSISTANCE HEREBY APPLIED FOR.

SIGNATURE OF APPLICANT			
	DAY	MONTH	YEAR
SIGNATURE OF CO-APPLICANT			
	DAY	MONTH	YEAR

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STATUTORY DECLARATION OF RESIDENCY

CANADA

**IN THE MATTER OF RESIDENCY VERIFICATION FOR
NUNAVUT HOUSING CORPORATION'S GN STAFF
CONDOMINIUM PROGRAM**

NUNAVUT TERRITORY

TO WIT:

I, _____ DO SOLEMNLY DECLARE THAT I AM CURRENTLY A FULL TIME RESIDENT OF THE
NUNAVUT TERRITORY.

AND,

I, _____ DO SOLEMNLY DECLARE THAT I HAVE BEEN A FULL TIME RESIDENT OF THE
NUNAVUT TERRITORY FOR A TOTAL OF _____ MONTHS. (NOTE THAT THIS TOTAL DOES NOT NEED TO BE CONSECUTIVE)

**I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF THE SAME FORCE
AND EFFECT AS IF MADE UNDER OATH AND BY VIRTUE OF THE "CANADA EVIDENCE ACT".**

DECLARED BEFORE ME AT THE
_____ OF _____
IN THE NUNAVUT TERRITORY, THIS, _____
DAY OF _____ AD 20__.

A COMMISSIONER FOR OATHS/JUSTICE OF THE
PEACE/NOTARY PUBLIC IN AND FOR THE NUNAVUT
TERRITORY.
MY COMMISSION EXPIRES: _____

SIGNATURE OF DECLARANT

NOTICE

The following section of the Criminal Code of Canada is hereby brought to the attention of the Declarant:

"S.114 Every one who, not being a witness in a judicial proceeding but being permitted, authorized or required by law to make a statement by affidavit, by solemn declaration or orally under oath, makes in such a statement before a person who is authorized by law to permit it to be made before him, an assertion with respect to a matter of fact, opinion, belief or knowledge, knowing that the assertion is false, is guilty of an indictable offence and is liable to imprisonment for fourteen years."



STATUTORY DECLARATION OF OCCUPANCY

CANADA

IN THE MATTER OF OCCUPANCY VERIFICATION FOR
NUNAVUT HOUSING CORPORATION'S GN STAFF
CONDOMINIUM PROGRAM

NUNAVUT TERRITORY

THE FOLLOWING QUESTIONS ARE DERIVED FROM THE CANADIAN NATIONAL OCCUPANCY STANDARD, AND ARE INTENDED TO DETERMINE WHETHER THE APPLICANT QUALIFIES FOR THE "OVERCROWDING" PRIORITY ADJUSTMENT UNDER THE GN STAFF CONDOMINIUM PROGRAM.

DO MORE THAN TWO (2) PERSONS SHARE ANY BEDROOM IN YOUR CURRENT RESIDENCE?	Y	N
DO ANY CHILDREN OF OPPOSITE SEX, WHO ARE 5 YEARS OF AGE OR OLDER, SHARE A BEDROOM IN YOUR CURRENT RESIDENCE?	Y	N
DO ANY PERSONS WHO ARE 18 YEARS OF AGE OR OLDER SHARE A BEDROOM WITH ANY OTHER PERSONS, WHO THEY ARE NOT IN A PARTNERSHIP WITH, IN YOUR CURRENT RESIDENCE?	Y	N

TO WIT:

I, _____ DO SOLEMNLY DECLARE THAT THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH AND BY VIRTUE OF THE "CANADA EVIDENCE ACT".

DECLARED BEFORE ME AT THE _____ OF _____
IN THE NUNAVUT TERRITORY, THIS, _____
DAY OF _____ AD 20____.

A COMMISSIONER FOR OATHS/JUSTICE OF THE PEACE/NOTARY PUBLIC IN AND FOR THE NUNAVUT TERRITORY.
MY COMMISSION EXPIRES: _____

SIGNATURE OF DECLARANT

NOTICE

The following section of the Criminal Code of Canada is hereby brought to the attention of the Declarant:

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