

HOME MODIFICATION PROGRAM (HMP)

Housing

<p>Privacy section: Newfoundland Labrador Housing (Housing) is subject to the <i>Access to Information and Protection Privacy Act</i>. Applicants/ clients have a right of access to the existence, use and disclosure of their personal information.</p>	<p>Return to:</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Stephenville Office 58 Oregon Drive Stephenville, NL A2N 2Y1</td> <td style="width: 40%;">Fax: 643-6843 Tel: 643-6826</td> </tr> </table>	Stephenville Office 58 Oregon Drive Stephenville, NL A2N 2Y1	Fax: 643-6843 Tel: 643-6826
Stephenville Office 58 Oregon Drive Stephenville, NL A2N 2Y1	Fax: 643-6843 Tel: 643-6826		

NOTE: Incomplete applications will be returned unprocessed.

1 HOMEOWNER INFORMATION	<p>Proof of home ownership must be attached. Adequate proof can be a purchase deed or mortgage. If not available, please complete the enclosed Affidavit.</p>																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Last Name</th> <th style="width: 15%;">First Name</th> <th style="width: 5%;">Middle Initial</th> <th style="width: 10%;">Marital Status*</th> <th style="width: 5%;">Gender</th> <th style="width: 15%;">Date of Birth Y M D</th> <th style="width: 20%;">Social Insurance Number</th> </tr> </thead> <tbody> <tr> <td>1. _____ <small>(Applicant)</small></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="border: 1px solid black; text-align: center;"> _ _ _ _ _ _ _ </td> <td style="border: 1px solid black; text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td>2. _____ <small>(Co-Applicant)</small></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="border: 1px solid black; text-align: center;"> _ _ _ _ _ _ _ </td> <td style="border: 1px solid black; text-align: center;"> _ _ _ _ _ _ _ </td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;"> * 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. </p> <p style="text-align: right; font-size: small; margin-top: 5px;">SIN is required by Housing to operate its programs and services</p> <p style="margin-top: 10px;"> Telephone: (Home) _ _ _ _ _ _ _ - _ _ _ _ _ _ _ (Work) _ _ _ _ _ _ _ - _ _ _ _ _ _ _ (Cell) _ _ _ _ _ _ _ - _ _ _ _ _ _ _ </p> <p>Address: _____ <small style="margin-left: 150px;">(Street/Apartment)</small> <small>(P.O. Box)</small></p> <p style="margin-left: 50px;">_____ <small>(City/Town)</small> _____ <small>(Province)</small> _____ <small>(Postal Code)</small></p> <p>Email Address: _____</p> <p>I hereby give consent for the following to make enquiries or act on my behalf regarding this application:</p> <p>_____ <small>(Name)</small> _____ <small>(Relationship)</small> _____ <small>(Telephone)</small></p> <p>Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What year was your house built _____ How long have you lived in your house _____</p>		Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth Y M D	Social Insurance Number	1. _____ <small>(Applicant)</small>	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _	2. _____ <small>(Co-Applicant)</small>	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth Y M D	Social Insurance Number																
1. _____ <small>(Applicant)</small>	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _																
2. _____ <small>(Co-Applicant)</small>	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _																

2 OCCUPANT INFORMATION FOR PERSON WITH DISABILITY	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Last Name</th> <th style="width: 15%;">First Name</th> <th style="width: 5%;">Middle Initial</th> <th style="width: 10%;">Marital Status*</th> <th style="width: 5%;">Gender</th> <th style="width: 15%;">Date of Birth Y M D</th> <th style="width: 20%;">Social Insurance Number</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="border: 1px solid black; text-align: center;"> _ _ _ _ _ _ _ </td> <td style="border: 1px solid black; text-align: center;"> _ _ _ _ _ _ _ </td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">* Marital Status can be either: Single, Married, Widowed, Divorced, Separated, or Common Law.</p> <p style="margin-top: 10px;">Please state the nature of the disability and modifications required: _____</p> <p style="margin-top: 10px;">_____</p> <p style="margin-top: 10px;">_____</p> <p style="color: red; margin-top: 10px;">An Occupational Therapist's report or appropriate professional's referral is required:</p> <p>Referral Agency: _____ Contact: _____ <small>(Telephone)</small></p>	Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth Y M D	Social Insurance Number	_____	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Last Name	First Name	Middle Initial	Marital Status*	Gender	Date of Birth Y M D	Social Insurance Number									
_____	_____	_____	_____	_____	_ _ _ _ _ _ _	_ _ _ _ _ _ _									

3 INCOME INFORMATION FOR DISABLED OCCUPANT	<p>Proof of previous year's certified income for person(s) with disabilities must be enclosed. This information can only be obtained by contacting Canada Revenue Agency at 1-800-959-8281 and requesting your <u>Option "C" Printout</u>.</p>
<p>Are you a client of the Department of Human Resources Labour and Employment (DHRLE) or Health and Community Services (HCS)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-top: 10px;">DHRLE File No. _____ HCS File No. _____</p>	

4

FINANCIAL INFORMATION FOR DISABLED OCCUPANT

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

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 NL Housing programs. This information will only be disclosed to NL Housing 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 NL Housing programs will be reported at the provincial/regional level and will not personally identify individuals. Section 32(c) of the Access to Information and Protection of Privacy Act (ATIPPA) authorizes NL Housing to collect personal information that "... relates directly to and is necessary for an operating program or activity of the public body."
3. I/We hereby grant NL Housing, 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 NL Housing, and/or its agents, permission to carry out an inspection of my/our property.
5. I/We authorize NL Housing 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 NL housing will be without penalty or liability for damages.
6. I/We understand that this application does not constitute an agreement by NL Housing or its representatives to provide housing assistance.
7. I/We further acknowledge the right of NL Housing 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 would like my Member of the House of Assembly, Member of Parliament, and/or authorized representative to be notified should I be approved for the Provincial Home Modification Program. Yes No

Signature of Applicant

Signature of Co-Applicant

Signature of Disabled Occupant or Power of Attorney

Y	M	D

Date

Reminder

- ✓ Only completed applications with an attached "option C" printout (see section 3 above) will be accepted.
- ✓ If you have any special needs (accessibility, medical, etc.) please attach a written letter from the appropriate professional (physician, social worker, occupational therapist, etc.).
- ✓ If HRLE is making payments on your behalf, please ensure that your HRLE file number is filled in on the front of this form.

Canada
Newfoundland and Labrador

In the matter of ownership of house and property at _____, (Address)
Newfoundland and Labrador, Canada.

AFFIDAVIT OF OWNERSHIP AND OCCUPANCY

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 _____ .
(Year)
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 _____ , A.D.,
Before me;

Homeowner

Spouse (if applicable)

Justice of the Peace, Barrister,
Commissioner of Oaths