

Housing

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.	Return to: Program Delivery 2 Canada Drive P.O. Box 220 St. John's, NL A1C 5J2
---	--

NOTE: Incomplete applications will be returned unprocessed.

Application for: (check one)

 Rental

 Secondary/Garden Suite

 Conversion
 Persons with Disabilities

 Rooming House

 Shelter Enhancement

1	APPLICANT INFORMATION
Company or Project Name _____ Property Owner (If Different) (Family Name First) _____ Other Owner (If more than one, attach list) _____ Telephone (Home) _____ Telephone (Business) _____ Telephone (Cell) _____ Email _____ Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Street / Apartment) (P.O. Box) </div> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (City / Town) (Province) (Postal Code) </div> <p>Will you receive or have you previously received assistance for the property to be rehabilitated under this or any other housing program, example: Residential Rehabilitation Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify: _____ _____</p>	

2	PROPERTY TO BE REHABILITATED / CONVERTED / DEVELOPED
<p style="color: red; font-size: small;">Proof of property ownership must be attached. Adequate proof can be a purchase deed or mortgage. If not available, please complete the enclosed Affidavit.</p> Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Street No. / Name) (Unit / Apt. No.) </div> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (City / Town) (Province) (Postal Code) </div> Approximate age of dwelling (years) _____	

3	DWELLING TYPE												
<table style="width: 100%; font-size: small;"> <tr> <td>001 - Single</td> <td>003 - Duplex</td> <td>005 - Apartment</td> <td>008 - Triplex</td> <td rowspan="2" style="border: 1px solid black; width: 40px; text-align: center;">0</td> <td rowspan="2" style="border: 1px solid black; width: 40px; text-align: center;">0</td> <td rowspan="2" style="border: 1px solid black; width: 40px;"></td> <td rowspan="2">No. of Units _____</td> </tr> <tr> <td>002 - Semi-detached</td> <td>004 - Row</td> <td>006 - Mobile Home</td> <td>009 - Other</td> </tr> </table>		001 - Single	003 - Duplex	005 - Apartment	008 - Triplex	0	0		No. of Units _____	002 - Semi-detached	004 - Row	006 - Mobile Home	009 - Other
001 - Single	003 - Duplex	005 - Apartment	008 - Triplex	0	0						No. of Units _____		
002 - Semi-detached	004 - Row	006 - Mobile Home	009 - Other										

4	RENTAL / ROOMING HOUSE RRAP FOR PERSONS WITH DISABILITIES
Disability type: _____ _____ Required modifications: _____ _____ _____ _____	

4 DECLARATION

1. I/We hereby grant permission to NL Housing, or its agent, to carry out necessary inquiries for the purpose of verifying accuracy of information contained herein and determining my/our income, assets, liabilities and credit information.
2. I/We hereby authorize an inspection of my/our property.
3. I/We acknowledge that any work carried out prior to receipt of written confirmation of Rental RRAP loan approval is not eligible.
4. I/We acknowledge: (a) that I/We understand the terms and conditions that shall govern any loan that may be approved and (b) that I/we will enter into an operating agreement.
5. I/We hereby confirm that I/We am/are the owner(s) of the said property and no other entity or person having any matrimonial interest is an owner.
6. 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."
7. The information contained herein is true.
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 Rental RRAP Program. Yes No

Signature of Applicant

Signature of Co-Applicant

Y	M	D
Date		

Reminder

- ✓ If you have any special needs (accessibility, medical, etc.) please attach a written letter from the appropriate professional (physician, social worker, etc.).
- ✓ Property ownership information is included.

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