



For Office Use Only
Date:
Rec. By:
App #:

Application for Public Housing

You must complete all sections of the application.

How to return your application:

Cape Breton Island District – Serving Cape Breton Island

By Email:

applicationsnspha.cbid@novascotia.ca

By Mail NSPHA – Cape Breton Island District:

18 Dolbin Street Sydney, NS B1P 1S5	PO Box 1372 Sydney, NS B1P 6K3
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In Person:

18 Dolbin Street Sydney, NS	15999 Central St. Inverness, NS	218 MacSween St. Port Hawkesbury
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By Fax:

902-539-0330	902-258-3644	902-625-5402
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Questions? Call:

1-800-565-3135

1. Are you eligible?

Eligibility requirements:

- The total gross household income (income before deductions) of all household members is less than the Household Income Limits for your area. (calculated in Section 5).
- You and every member of your household is either a Canadian Citizen or have Permanent Resident status.
- You must not be living in a unit operated by the Nova Scotia Provincial Housing Agency without their knowledge. (Must be on the lease).
- If you owe money to the Nova Scotia Provincial Housing Agency, you must be willing to set up a payment plan to repay the money over time.
- You must have lived in the municipality where you are applying for twelve (12) consecutive months during the last twenty-three (23) months or must have lived in the municipality for five (5) consecutive years since you turned 18.

A good thing to know... *The public housing program provides low-income Nova Scotians with safe, stable housing they can afford. It doesn't offer emergency housing like other organizations do. Eligible applicants are added to the waitlist and are housed when they reach the top of the waitlist and a unit meeting their housing needs becomes available.*

2. How to fill out this application

- Answer all the questions in every section of the form. If you cannot answer one or more questions, take note of all the questions you have and contact us at the email or phone number above.
- Copies of supporting documents will be requested at a later date to make sure the information you provided is correct.
- Read **Section 9 - Declaration and Consent** carefully. It is your legal promise that the information you provide is truthful. You and your spouse/co-applicant (if you have one) must both sign Section 9 of the application and you both must initial each statement.

3. Household Information

Please provide information about **yourself, and, if applicable, your spouse and all other adults and children** who will live in your home. If you need more space, please use a separate piece of paper.

Your spouse is the person you are married to or live with in a marriage-like relationship (common-law). Your spouse is your co-applicant.

'Relationship to Applicant' refers to how the person is related to you; for example: child, sibling, parent etc.

'Status in Canada' refers to whether you are a **Canadian Citizen or Permanent Resident**.

Social Insurance Number is a **mandatory** field for the **applicant and any co-applicants**.

Name (First, Middle, Last)	Gender	Date of Birth (mm/dd/yyyy)	Relationship to Applicant	Status in Canada	Social Insurance Number (SIN)	Student (Y/N)

4. Contact Information

All applicants must provide the NSPHA with their current mail address.
If you do not currently have an address, please make sure another address where we can reach you by mail is provided.

Please only provide contact information where it is safe to contact you.

Street No.	Street Name	Apt. No.	City/Town
Province		Postal Code	Email
Work Telephone	Home Telephone	Cellular	

Mailing Address (if different than current address)

Street No.	Street Name	Apt. No.	City/Town
Province		Postal Code	
How do you prefer to be contacted?	Email <input type="checkbox"/>	Mail <input type="checkbox"/>	Telephone <input type="checkbox"/>

Alternate Contact: (An alternate contact can be a family member or friend. We will use this contact if we are unable to get a hold of you).

Name	What is this person's relationship to you?
Telephone:	Email:

5. Income Information

Please tell us about current income for all members of your household

The amount of rent you pay in public housing is based on your household's income and composition. Please provide information on all gross monthly income received by all persons/family members in your household before taxes or deductions.

	Household Member Name	Household Member Name	Household Member Name	Household Member Name
Income Type	Amount	Amount	Amount	Amount
Gross Employment Income (before deductions)				
Canada Pension Plan (CPP)				
Canada Pension Plan – Disability (CPP-D)				
Capital Gains				
Dividends				
Employment Insurance				
Gratuities				
Immigrant Sponsorship				
Income Assistance				
Interest				
Investment Income				
Long-term Disability Income (do not include Child Disability Benefit (CDB))				
Old Age Security (OAS) / Guaranteed Income Support (GIS) / Spousal Allowance				
Other Country Social Security				
Other Income (do not include GST Tax Credit or Affordable Living Tax Credit).				
Other Pension				
Rental income				
RRSP/RIF				

Human Resource Development Canada programs including Self-Employment Benefit (SEB) Program / Training Allowances, Skills Development Program				
Spousal Support (Alimony)				
Student Loan				
Veteran Pensions & Allowance (do not include Veterans Disability Pension (VDP))				
Workers' Compensation				
TOTAL Monthly Income				

6. Housing History

Rental History:

Are you receiving a rental supplement from the Department of Municipal Affairs & Housing?
 Yes No

Have you been a client with the Nova Scotia Provincial Housing Agency (formally Housing Authority) before?
 Yes No

Landlord History (If you do not have a current landlord, please provide any previous landlord history within the past 3 years)

Landlord Name	Telephone:
Length of Tenancy:	Email:
Have you received an eviction notice (Yes/No):	If yes, eviction date:
Reason for Eviction:	

7. Housing Needs

Current Living Situation Own Rent Temporary Homeless Shelter Boarder

Bedroom Eligibility – The number of bedrooms you require is based on your family composition. Some things to note are that no more than two people should share a bedroom and parents cannot share a bedroom with children.

Number of bedrooms required 1 2 3 4 5 6

Do you or any member of your household currently receive home support services?

Yes No

Do you require a unit that allows smoking?

Yes No

Do you own a vehicle that you will need parking for?

Yes No

Do you require a unit that allows pets?

Yes No

If yes, please specify what kind of pet(s) you have and how many.

	Yes	No
1. Are you accessing support services as a result of domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you receive life-sustaining health services which you need to live closer to?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you occupying housing which poses an immediate health or safety risk?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you experiencing homelessness?	<input type="checkbox"/>	<input type="checkbox"/>

If you checked 'Yes' to questions 1, 2, 3 or 4 please refer to the NSPHA Priority Access form that aligns with your current situation. If you feel your situation meets the requirements of priority access, fill out a form and include it with your application.

Accessibility Needs

Do you or a member of your household require a unit without stairs?

Yes No

Do you or a member of your household have a disability that requires you to have a ground floor unit?

Yes No

NSPHA has properties that can meet a range of physical mobility requirements.

Please ensure you require accessible housing before answering the following questions.

Responding to questions in this section of the form will limit the types of buildings you can live in.

Do you have limited physical mobility that requires the use of a wheel-chair full time?

(Amenities that will be included are such items as lowered counters will roll under access, counter-mounted cooktop with wall oven, wheel-in shower, grab bars, etc.)

Yes No

Do you have a limited physical mobility but do not require the use of a wheelchair full-time?

(Amenities that will be included are such items as walk-in shower and grab bars, etc.)

Yes No

A good thing to know... *To be eligible for public housing, all applicants must meet the eligibility criteria and provide household income and composition every year as well as up up-to-date contact information. If we cannot reach you, we will cancel your application (you may re-apply at any time).*

8. Building Selection

Please ensure you attach to your application the list of buildings in your area that you want to live in. **You will only be placed on the waitlist for buildings that you selected and are qualified to live in.**

If you receive this application by mail, use the building list that is included.

Building lists can also be found on the Nova Scotia Provincial Housing Agency's website – www.nspha.ca. Be sure to use the FAMILY or SENIOR list, as appropriate, for the **District in which you are applying.**

Please check the box below to confirm.

I (we) have included with this application our Nova Scotia Provincial Housing Agency building preferences.

A good thing to know... *If you've qualified for public housing, you will be offered a maximum of three units that fit your requirements. If you refuse three units, your application will be cancelled or you will be moved to the bottom of the waitlist.*

9. Declaration and Consent

By signing this Declaration and Consent Form you are entering into a legal agreement between you and the Nova Scotia Provincial Housing Agency (NSPHA).

In order for the NSPHA to process your application:

1. Both the applicant and co-applicant(s) must initial on each line of this form to show they have read and understand each statement.
2. Both applicant and co-applicant(s) must sign this form.

Initials

I (we), the person(s) who signed below, solemnly declare that:

- _____ _____ 1. All statements made in this application are true and all documents provided to support this application are unaltered.
- _____ _____ 2. I (we) understand this application is meant to assess my (our) eligibility for the public housing program.
- _____ _____ 3. I (we) will advise the NSPHA if any information (e.g., address, household composition, income) in this application changes as it may affect my (our) eligibility for the public housing program.
- _____ _____ 4. I (we) understand that the time it takes to be housed depends on the availability of units in my area that meet my (our) housing needs.
- _____ _____ 5. I (we) give permission to the NSPHA to investigate any or all statements I (we) made on this application. This includes contacting me or any other person and collecting additional information with or without notice to me. If the NSPHA finds any false or misleading statements, my (our) application will be cancelled. I (we) cannot hold the NSPHA liable for damages.
- _____ _____ 6. I (we) authorize the NSPHA to collect, use, keep, disclose and dispose of personal information about me (us), in order to:
- a. Assess my (our) application and determine if I (we) am eligible for public housing
 - b. Research, monitor, evaluate and promote programs
 - c. Detect, investigate and respond to fraud and illegal activity
 - d. Otherwise as allowed under the Nova Scotia *Freedom of Information and Protection of Privacy Act*.
- _____ _____ 7. I (we) authorize the NSPHA to reveal personal information about me (us) to third parties, for any of the above reasons.

8. I (we) give permission to any person or entity to reveal personal information about me (us) to the NSPHA for any of the above reasons.

9. I (we) understand all these statements and have asked for and received an explanation on every point that was not clear to me (us).

A good thing to know... Personal information is collected, used and may be disclosed by the NSPHA in accordance with the *Freedom of Information and Protection of Privacy Act*: [Freedom of Information and Protection of Privacy Act \(nslegislature.ca\)](http://nslegislature.ca)

	Signature	Printed Name
Applicant signature		
Co-applicant signature		
Application Date		