



PROGRAM APPLICATION

APPLICATION NUMBER: 0

District	CNIT	Date
Community	Program	
Fiscal Year		

APPLICANT

Last Name _____
 First Name _____
 Middle Name _____
 Date of Birth _____ S.I.N. _____

HOME ADDRESS (PRINCIPLE RESIDENCE)

Street _____
 Community _____ Postal Code _____
 Home Phone _____
 Work Phone - Applicant (Ext.) _____
 Cell Phone - Applicant _____
 Email _____

Consecutive years in the NWT __ Total Years in the NWT __
 Total years lived in the community prior to application __
 If less then three (3) years please provide previous address below:

Marital Status _____
 Senior No _____
 Disabled No _____

CO-APPLICANT

Last Name _____
 First Name _____
 Middle Name _____
 Date of Birth _____ S.I.N. _____

MAILING ADDRESS / BOX

Street _____
 Community _____ Postal Code _____
 Work Phone - Co-Applicant (Ext.) _____
 Cell Phone - Co-Applicant _____
 Email _____

Consecutive years in the NWT __ Total Years in the NWT __
 Total years lived in the community prior to application __
 If less then three (3) years please provide previous address below:

Marital Status _____
 Senior No _____
 Disabled No _____

ALL DEPENDANTS AND OTHER HOUSEHOLD MEMBERS (DO NOT LIST APPLICANT OR CO-APPLICANT)

Name	Moving With	Age	DOB	Gender	SIN	Relationship

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CNIT

ESTIMATED GROSS TOTAL

VERIFIED GROSS TOTAL

PRESENT HOUSING SITUATION

Type of Housing:	Rent/Mortgage:	No. of Bedrooms:	NWTCH Condition Rating:	%
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1. Have you ever received a Housing Program subsidy from the NWTCH?

List Programs

5. Do you own a house anywhere at this time?

Location

2. Do you have rental arrears with an LHO or the NWTCH?

Arrears Amount

\$ _____

6. Did you own a home in the last five years?

Reason for Sale?

3. Do you have any mortgage arrears with the NWTCH or other Financial Institution?

Arrears Amount

\$ _____

How profit was used

4. a. Do you have any property tax arrears?

Property Tax Arrears Amount

\$ _____

7. Do you consent to your home being inspected to determine its present condition?

8. Do you have control or title to the land?

Type of Control

4. b. Do you have any land lease arrears?

Land Lease Arrears Amount

\$ _____

Lot Description (Lot, Block, Plan)

Lot: Block: Plan:

Sketch #

Land Notes

CREDIT HISTORY

ASSET/LIABILITY STATEMENT

Description	Asset	Liability	Monthly Payment
TOTAL			

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APPLICANT AFFORDABILITY ANALYSIS (MONTHLY EXPENSES)

	CURRENT		CURRENT	PROJECTED
INSURANCE (life, auto)		INSURANCE (house)		
FOOD/HOUSEHOLD SUPPLIES		RENT/MORTGAGE (principle and interest)		
TELEPHONE		ELECTRICITY/WATER AND SEWAGE		
ENTERTAINMENT (cable, satellite)		HEATING		
OTHER (gas, childcare, clothes)		TAX/LEASE PAYMENTS		
TOTAL LIABILITIES (debt from asset/liability statement)		REPAIRS/MAINTENANCE		
SUB-TOTAL		SUB-TOTAL		
		SUB-TOTAL		
		GRAND TOTAL		

GDS FORMULA (Gross Debt Service Ratio)

$$\begin{array}{ccccccc}
 \text{Mortgage Payment} & + & \text{Shelter Cost} & / & \text{Total Monthly Household Income} & = & \% \\
 \boxed{} & & \boxed{} & & \boxed{} & & \boxed{}
 \end{array}$$

TDS FORMULA (Total Debt Service Ratio)

$$\begin{array}{ccccccc}
 \text{Mortgage Payment} & + & \text{Shelter Cost} & + & \text{All Other Monthly Payments} & / & \text{Total Monthly Household Income} & = & \% \\
 \boxed{} & & \boxed{} & & \boxed{} & & \boxed{} & & \boxed{}
 \end{array}$$

DECLARATION

I/We Certify that the statements made by me/us in this application are true and complete. 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.

I/We further agree and consent that credit inquiries may be made at any time in connection with the assistance hereby applied for.

I/We agree to notify NWTHC's administering office immediately of any change(s) in my/our circumstances, including any change in residential address, marital status, employment, financial situations, family conditions and all other information which may affect my/our benefits.

	YY	MM	DD		YY	MM	DD
Applicant's Signature	Date			Co-Applicant's Signature	Date		

CERTIFICATION OF TRANSLATION

I certify that I translated this application to the above signed applicant(s):

Print Name of Translator	Phone No.	YY	MM	DD			
		Translator's Signature			Date		
Language of Translator							

STATEMENT VERIFYING APPLICANT(S) COUNSELLING

I certify that I counselled the above signed applicant(s):

Title	YY	MM	DD			
			Signature	Date		

CORE NEED ASSESMENT

Affordability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Suitability: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Bedrooms Short:
Public Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Adequacy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Condition Rating:
<input type="checkbox"/> 1 Person <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <u>Bedrooms</u>		Verified Household Income:
CNIT: _____		

ELIGIBILITY

I have reviewed this application and consider the applicant(s) to be: Eligible Not Eligible to Receive Assistance

Specify the Program Eligible for	YY	MM	DD			
			District Director's Signature	Date		

PROTECTION OF PRIVACY

The collection of this personal information is for the purposes of determining eligibility for housing programs. This information is collected under the authority of the Northwest Territories Housing Corporation Act. This information is protected by the provisions of the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information contact:

Northwest Territories Housing Corporation
Access to Information and Protection of Privacy Coordinator
Strategic Planning, Policy and Communications Division
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Phone: (867) 767-9328 extension 85022 Fax: (867) 873-9426