

Program Applicant eligibility

- Must be a Canadian Citizen or permanent resident of Canada aged 19 and over
- Must be a resident of the Northwest Territories for 12 months before applying for the program
- Household income (combined income of all adults aged 19 and over) must be below the Core Need Income Threshold (CNIT) for the community as determined by the National Occupancy Standard.
- Must have less than \$100,000 in assets
- Must be renting from an approved landlord in the NWT and not receiving any other housing benefit or subsidy. (Ineligible units include: Organizations receiving government subsidies such as capital contributions, operating contributions, interest rate subsidies, etc. for its operations; Rooms in owner-occupied housing; Nursing or Retirement homes; Social housing; Shelters and Crisis care facilities; Owner occupied housing; Staff housing; Student housing and Cooperative housing.
- Must be paying more than 30% of your gross income towards shelter costs (rent + utilities)
- Must have income from the following sources: ¹
 - o Employment income
 - o Employment Insurance, Short-Term Worker's Compensation, Short Term Disability, Long Term Disability
 - o Alimony payments
 - o Training Allowance
 - o Canada Pension, Old Age Security, Guaranteed Income Supplement
 - o Superannuation, Private Pension income, RRSP/RRIF Income
- Must not own a home

IMPORTANT

Be advised that we are unable to process incomplete application packages. Please submit all documents with this form.

Note: outstanding arrears with Housing NWT must be addressed before you receive the housing benefit

Housing NWT will provide you and CRA with a T5007 Tax Form

Application Checklist
To ensure your application is complete, please include the following:
☐ Application form completed and signed
☐ Current signed lease agreement with your current landlord
☐ Verification of Income Sources (letter from employer)
☐ CRA Notice of Assessment for previous tax year
☐ One Government issued identification for all persons aged 19 and over
☐ Copy of Utility bill (power, heat, water) if you are responsible to pay for these expenses

You can submit your completed application by email to CNHB@gov.nt.ca.

You can also mail the completed application to:

Housing NWT (CNHB)
 5102 50th Ave.
 PO Box 2100
 Yellowknife NT, X1A 2P6

Questions or for more information:

- Email: CNHB@gov.nt.ca or call: 1-855-698-2642
- Please visit our website: www.nwthc.gov.nt.ca

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL

¹Applicants whose primary source of income is issued under the Social Assistance Act (Income Assistance) are NOT eligible.

Personal Information - Applicant		
Last Name	First Name	Middle Name
SIN #	Date of Birth YYYY/MM/DD	Gender
Physical Address	Community	Postal Code
Mailing Address ☐ same as physical address		
Work Phone Number	Home/Cell Phone Number	Email Address
Personal Information - Additional Household Member 19 or older		
Last Name	First Name	Middle Name
Sin #	Date of Birth YYYY/MM/DD	Gender
Physical Address	Community	Postal Code
Mailing Address ☐ same as physical address		
Work Phone Number	Home/Cell Phone Number	Email Address
Personal Information - Additional Household Member 19 or older		
Last Name	First Name	Middle Name
Sin #	Date of Birth YYY/MM/DD	Gender
Physical Address	Community	Postal Code
Mailing Address ☐ same as physical address		
Work Phone Number	Home/Cell Phone Number	Email Address

Household Members

Provide the following information for each household member 18 years & younger who lives with you

Full Name Last Name, First Name	Date of birth YYYY/MM/DD	Gender	Relationship to applicant

Rental Information: Please provide the following information

Type of unit:

☐ apartment ☐ townhouse ☐ Other (please specify)

Number of Bedrooms:			
Property Management Name:			
Landlord Contact Information:	Email:	Phone:	Mailing Address

Shelter Cost – How much do you pay monthly for each of the following?

Rent:	\$		
Power:	\$		
Heating:	\$		
Water and/or sewage	\$		
Total shelter costs:	\$		

Household Income – Please include everyone 19 years of age and older

Household Member	Place of Employment, Retired	Gross Monthly Income
		\$
		\$
		\$
		\$
Total Household Income:		\$

Declaration of Assets			
Do you OWN a home or property (e.g., Personal home, vacation home, cabin trailer, rental property, vacant lot)? ☐ Yes ☐ No			
If yes, please complete this section:			
Address:	Apartment #	Town/City	Province/Territory
Value of Property:	Outstanding mortgage:		
Do you OWN additional homes or properties shared or otherwise? ☐ Yes ☐ No			
If yes, identify the location for each (add an additional page)			
Provide Dollar Values or not applicable N/A	Applicant	Additional household member aged 19 and over	Additional household member aged 19 and over
Total cash balance	\$	\$	\$
Investments	\$	\$	\$
Rental revenue	\$	\$	\$
Business assets	\$	\$	\$
RRSPs or RRIF	\$	\$	\$
Vehicles	\$	\$	\$
Recreational vehicles	\$	\$	\$
Other (Specify)	\$	\$	\$
Total:	\$	\$	\$
I/We have reported all assets currently owned by every member of the household. I/We understand that if it is found that information is missing, incorrect or otherwise inaccurate, my/our Canada NWT Housing Benefit application may be denied, or I/We may be ordered to repay the benefits. I/we understand if it is found that any assets were not disclosed prior to approval, it may result in the loss of the Canada NWT Housing Benefit. I/We understand that making a false declaration of income or assets is a serious offence that may result in a debt owing to the Government			
Applicant Signature		Date	
Co-Applicant Signature		Date	

Additional Information
Check all the boxes that you identify with:
☐ Survivor of Gender-Based Violence
☐ Persons fleeing domestic violence
☐ Indigenous person
☐ Senior (age 65+)
☐ Person with disabilities
☐ Mental health issues
☐ Addictions issues
☐ Veteran
☐ Young adults (ages 18 to 24)
☐ Visible Minority

Before finalization, could you please tell us where you heard about the opportunity for our programs?		
Check all boxes that apply:		
☐ From a Housing NWT Employee	☐ LHO Employee	☐ Newspaper
☐ Poster	☐ Radio	☐ Television
☐ Word of Mouth	☐ Website	

Agreement	
I/We agree that Housing NWT has the right at any time to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given	☐ Yes ☐ No
I/We agree that this application does not constitute an agreement on the part of Housing NWT, or its agent, to provide me/us with assistance.	☐ Yes ☐ No
I/We are a Canadian citizen or have permanent resident status	☐ Yes ☐ No
I (and any additional household members) am/are a Northwest Territories resident, meaning that I/we made Northwest Territories my/our permanent and principal home for at least 12 months prior to signing this declaration.	☐ Yes ☐ No
I/We confirm that I/we are not receiving any other housing benefit (this includes income assistance's shelter allowance) or living in subsidized/community housing and can provide documentation if required.	☐ Yes ☐ No
I/We hereby authorize Housing NWT, or its agents, to make any or respond to any inquiries necessary to verify the facts contained in this application or attached documents.	☐ Yes ☐ No
I/We hereby give permission to Housing NWT, or its agents, to carry out or respond to any necessary inquiries and to obtain additional information on my/our income, assets, liabilities, and credit. If any of the information provided is shown to be fraudulent or untrue, I/we understand that I/we may be ordered to repay benefits and my/our file may be referred to the RCMP.	☐ Yes ☐ No
I/We understand that the information in this application may be used for statistical purposes.	☐ Yes ☐ No
I/We have completed this application truthfully	☐ Yes ☐ No
_____ _____ Applicant Date _____ Other household member aged 19 & over Other household member aged 19 & over	

- Information requested in this application is necessary to determine the eligibility of an individual to participate in the CNHB program from Housing NWT. It is collected while processing this application made by or on behalf of the individual the information is about or is necessary to verify the eligibility of individuals participating in the program and is collected for that purpose.
- Eligibility for the Canada-NWT Housing Benefit Program is partly based on information provided in this form².
- If this application is accepted, consent in this application form survives, as to authorize Housing NWT to continue to collect personal information about the applicant so long as he/she continues to receive the subsidy.

²Ineligible applicants include 1) applicants who own a home, 2) applicants whose primary source of income is issued under the Social Assistance Act (Income Assistance); and ineligible units include: organizations receiving government subsidies such as capital contributions, operating contributions, interest rate subsidies, etc. for its operation; rooms in owner-occupied housing; Nursing or Retirement homes; Social housing; Shelters and Crisis care facilities; Owner occupied housing; Staff housing; Student housing; and cooperative Housing.

- Please appreciate that one of the purposes for the collection of personal information is so that Housing NWT, as a public body, can ensure the integrity of Housing NWT and the CNHB program.

The Government of the Northwest Territories (GNWT) is committed to respecting the personal privacy of individuals. All the personal information you provide is protected by the Access to Information and Protection of Privacy Act. This means that, at the point of collection, you will be informed that your personal information is being collected, the purpose for which is being collected, and you will be provided with contact information should you have questions about the information collected. This also means that your personal information will be protected from unauthorized access, collection, uses, disclosure, or disposal.

The use of any personal information by the GNWT or public agency will be limited to the uses identified at the time it was collected; however, any record that is in the control of the GNWT or public agency may be subjected to disclosure, pursuant to the Access to Information and Protection of Privacy Act. Any disclosure not related to the purpose for which the information was collected, will be handled in accordance with the requirements of the Access to Information and Protection of Privacy Act to ensure the greatest protection of your personal privacy in the face of any required disclosure.

ACCEPTANCE INTO THE PROGRAM IS BASED ON CMHC HAVING THE AVAILABLE FUNDS
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