

Department of Finance פֿבּליבּהְרֹּל^c Kiinauyaliqiyiikkut Ministére des Finances Taxation Division P.O. Box 2260 Parnaivik Building Iqaluit, Nunavut X0A 0H0

Ph: 1-800-316-3324 Fax: 867-975-5845

E-mail: HouseholdAllowance@gov.nu.ca

NUNAVUT HOUSEHOLD ALLOWANCE - APPLICATION

APPLICANT						CO-APPLICANT						
LAST NAME FIRST NAME			Г NAME	L	LAST NAME FIR			FIRST NAME	IRST NAME			
MIDDLE NAME SOCIAL INSURANCE NUMBER				N	MIDDLE NAME			SOCIAL INSU	SOCIAL INSURANCE NUMBER			
EMPLOYED WITH THE DEPARTMENT OF:					E	EMPLOYED WITH THE DEPARTMENT OF:						
START DATE: WORK TELEPHONE NUMBER					S	START DATE: WORK TELEPHONE NUMBER						
TERM OR INDETERMINATE?:					Т	TERM OR INDETERMINATE?:						
E-MAIL						E-MAIL						
CURREN	TLY RESIDING	AT:					Γ					
LOT #:				BLOCK #:			PLAN #:		HOUSE #	# :		
P.O. BOX	#:			COMMUNITY:				PC	STAL CODE:			
PURCHAS	E DATE OF HOM	E:				RENTAL C	OMMENCEMENT DATE:		RENT PAID:			
MONTH: DAY: YEAR: MONTH: DAY: YEAR:												
									j	ADULT	CHILD	
HOW MAI	NY PEOPLE CU	RRENTLY LIV	/E IN	YOUR HOME?								
HOW MANY GOVERNMENT OF NUNAVUT EMPLOYEES CURRENTLY LIVE IN YOUR HOME, INCLUDING YOURSELF?												
PLACE OF EMPLOYMENT FOR OTHER ADULTS THAT RESIDE IN HOME:												
FOR ALL A	OR ALL APPLICANTS - PLEASE ATTACH A COPY OF ONE OF THE FOLLOWING:											
1	DUPLICATE CERTIFICATE OF TITLE OR											
2	CURRENT PROPERTY TAX ASSESSMENT OR											
3	CURRENT PROPERTY TAX INVOICE OR											
4	NUNAVUT HOUSEHOLD ALLOWANCE VERIFICATION FORM											
5	IF YOU ARE APPLING FOR RETROACTIVE PAYMENTS, PLEASE ATTACH A COPY OF YOUR MORTGAGE OR LEGAL DOCUMENTS STATING THE DATE OF POSSESSION. (RETROACTIVE PAYMENTS ARE LIMITED TO 6 MONTHS)											
ARE TRU UNTRUE, INQUIRIE	E AND COMPLE THIS APPLICA' S MAY BE MAD	ETE, AND AR TION MAY BE E AT ANY TIN	E MAI E REJI ME IN	S HOME IS MY/OUR PRINCII DE IN GOOD FAITH. I/WE U ECTED AND ANY ALLOWAN CONNECTION WITH THE H VUT IMMEDIATELY UPON	JNDEI NCE (HOUS	RSTAND TH BRANTED IS EHOLD ALL	AT IF ANY OF THESE : TO BE REPAID IN FUI DWANCE HEREBY AP	STATE .L. I/W PLIED	MENTS ARE I /E AGREE AN FOR. I/WE F I	FOUND TO	BE IT THAT	
PLEASE (CHECK OFF WI	O WILL BE	RECE	IVING THE ALLOWANCE:								
	APPLICANT			CO-APPLICANT			SPLIT 50/50 BETWEEN	APPL	CANT AND CO	-APPLICAN	Г	
	NO OTHER IND	VIDUALS OTHE	ER THA	AN THE APPLICANT AND/OR CO	-APPL	ICANT ARE AF	PLYING FOR THE ALLOW	ANCE	ON THIS PROPE	RTY		
SIGNATU APPLICAI												
	Year Mon SIGNATURE OF CO-APPLICANT										Day	
	ICE USE ONLY										_1	
		•			7							
DATE RE	DATE RECEIVED:				1	COMPENSATION STATE DATE:						
DATE VERIFIED:					DATE SE	NT TO PAYROLL:						