

Department of Finance לאבאלי Kiinauyaliqiyiikkut Ministére des Finances

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NUNAVUT HOUSEHOLD ALLOWANCE VERIFICATION FORM

THIS FORM IS T	O CONFIRM	THAT THE FOLL	OWING A	APPLICANT(S):				
APPLICANT				CO-APPLICANT				
LAST NAME				LAST NAME				
FIRST NAME				FIRST NAME				
MIDDLE NAME				MIDDLE NAME				
WORK TELEPHONE NUMBER				WORK TELEPHONE NUMBER				
CURRENTLY RESIDING AT:	LOT #:			BLOCK #:		PLAN #:	PLAN #:	
	HOUSE #:			COMMUNITY:				
IS / ARE THE OV CONFIRMED BY BANK NAME, ADDRES	·:	D IT IS THE PRING	CIPLE RE	ESIDENCE:		(Check if Yes)		
DATE OF OWNERSHIP COMMENCED ON:				PRINTED NAME OF BANK OFFICIAL				
MONTH DAY: YEAR:								
I CERTIFY THAT THE ABOVE INDIVIDUAL(S) IS/ARE THE OWNER(S) OF THE ABOVE PROPERTY. (SIGNATURE OF BANK OFFICIAL)			JOB TITLE		DATE			
			CONTACT NUMBER		CONTACT EMAIL			
OR								
HAMLET OFFICE								
DATE OF OWNERSHIP COMMENCED ON:				PRINTED NAME OF HAMLET OFFICIAL				
MONTH DAY: YEAR: I CERTIFY THAT THE ABOVE INDIVIDUAL(S) IS/ARE THE OWNER(S) OF I				JOB TITLE DATE				
THE ABOVE PROPERTY. (SIGNATURE OF HAMLET OFFICIAL)						0,112		
				CONTACT NUMBER		CONTACT EMAIL		
OR: IS/ARE	THE TENANT	(S) AND ARE PA	YING FU	LL MARKET RAT	E:	(Check if Yes)		
			EDROOMS ED BY TENANT:		DATE TENANT MOVED IN MM/DD/YY:			
				AL RENT PER MONTH FULL CAPACITY		HEAT INCLUDED? Y/N		
CONFIRMED BY	C NAME OF LAN	DLORD (PRINT)						
MAILING ADDR	ESS OF LAN	DLORD (Please p	rovide the	e Lot, Block & Plan	number of re	ental unit at top of form where rec	quired)	
HOUSE # & STREET NAME:					CITY OR CO	MMUNITY		
P.O. BOX #:		POSTAL CODE	PRC	DV. OR TERR.	PHONE NUM	IBER, INCLUDING AREA CODE		
I CERTIFY THAT THE A		L(S) IS/ARE CURRENTL	Y PAYING RE	ENT AS NOTED ABOVE.				
	- (-)				DATE			