

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 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |