



**NUNAVUT HOUSEHOLD ALLOWANCE - APPLICATION**

APPLICANT		CO-APPLICANT	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
MIDDLE NAME	SOCIAL INSURANCE NUMBER	MIDDLE NAME	SOCIAL INSURANCE NUMBER
EMPLOYED WITH THE DEPARTMENT OF:		EMPLOYED WITH THE DEPARTMENT OF:	
START DATE:	WORK TELEPHONE NUMBER	START DATE:	WORK TELEPHONE NUMBER
TERM OR INDETERMINATE OR CASUAL OF MORE THAN 6 MONTHS CONTINUOUS SERVICE		TERM OR INDETERMINATE OR CASUAL OF MORE THAN 6 MONTHS CONTINUOUS SERVICE	
E-MAIL		E-MAIL	

CURRENTLY RESIDING AT:

LOT #:	BLOCK #:	PLAN #:	HOUSE #:
P.O. BOX #:	COMMUNITY:	POSTALCODE:	

PURCHASE DATE OF HOME:	RENTAL COMMENCEMENT DATE:	RENT PAID:
MONTH: DAY: YEAR:	MONTH: DAY: YEAR:	

	ADULT	CHILD
HOW MANY PEOPLE CURRENTLY LIVE 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 APPLICANTS - PLEASE ATTACH A COPY OF ONE OF THE FOLLOWING:**

	CHECK OFF
1 DUPLICATE CERTIFICATE OF TITLE <b>OR</b>	
2 CURRENT PROPERTY TAX ASSESSMENT <b>OR</b>	
3 CURRENT PROPERTY TAX INVOICE <b>OR</b>	
4 NUNAVUT HOUSEHOLD ALLOWANCE VERIFICATION FORM	
5 IF YOU ARE APPLYING 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)	

**DECLARATION:** I/WE CERTIFY THAT THIS HOME IS MY/OUR PRINCIPAL RESIDENCE AND THE STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE TRUE AND COMPLETE AND ARE MADE IN GOOD FAITH. I/WE UNDERSTAND THAT IF ANY OF THESE STATEMENTS ARE FOUND TO BE UNTRUE, THIS APPLICATION MAY BE REJECTED AND ANY ALLOWANCE GRANTED IS TO BE REPAID IN FULL. I/WE AGREE AND CONSENT THAT INQUIRIES MAY BE MADE AT ANY TIME IN CONNECTION WITH THE HOUSEHOLD ALLOWANCE HEREBY APPLIED FOR. **I/WE FURTHER COMMIT TO INFORMING THE GOVERNMENT OF NUNAVUT IMMEDIATELY UPON ANY CHANGE IN MY/OUR HOUSING TENURE TYPE.**

**PLEASE CHECK OFF WHO WILL BE RECEIVING THE ALLOWANCE:**

APPLICANT     
  CO-APPLICANT     
  SPLIT 50/50 BETWEEN APPLICANT AND CO-APPLICANT  
 NO OTHER INDIVIDUALS OTHER THAN THE APPLICANT AND/OR CO-APPLICANT ARE APPLYING FOR THE ALLOWANCE ON THIS PROPERTY

SIGNATURE OF APPLICANT			
	Year	Month	Day
SIGNATURE OF CO-APPLICANT			

**FOR OFFICE USE ONLY:**

DATE RECEIVED:	COMPENSATION STATE DATE:
DATE VERIFIED:	DATE SENT TO PAYROLL: