

Department of Finance 'Poトケールト'd^c Kiinaujaliqijiikkut Ministère des Finances Compensation and Benefits Division P.O. Box 1000, Station 360 W.G. Brown Building

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E-mail: HouseholdAllowance@gov.nu.ca

NUNAVUT HOUSEHOLD ALLOWANCE - APPLICATION

APPLICANT						CO-APPLICANT								
LAST NAME			FIRST NAME		LA	ST NAME			F	FIRST NAME				
MIDDLE NAME SOCIAL INSURANCE NUMBER				MII	MIDDLE NAME				SOCIAL INSUF	SOCIAL INSURANCE NUMBER				
EMPLOYED WITH THE DEPARTMENT OF:						EMPLOYED WITH THE DEPARTMENT OF:								
START DATE: WORK TELEPHONE NUMBER				ST	START DATE: WORK TELEPHONE NUMBER									
TERM OR INDETERMINATE OR CASUAL OF MORE THAN 6 MOTNHS CONTINUOUS SERVICE						TERM OR INDETERMINATE OR CASUAL OF MORE THAN 6 MONTHS CONTINUOUS SERVICE								
E-MAIL			E-N	E-MAIL										
CURRENTLY RESIDING AT:														
LOT #:	T#: BLOCK #:					PLAN #:				HOUSE #:	HOUSE #:			
P.O. BOX	P.O. BOX #: COMMUNITY:				PO				STALCODE:					
PURCHASE	DATE OF HOME	<u>:</u>				RENTAL COMMENCEMENT DATE:				RENT PAID:	RENT PAID:			
MONTH:	ITH: DAY: YEAR: MONTH:							AY: YEA	R:					
											ADULT	CHIL	D	
HOW MAN	IY PEOPLE CUF	RRENTLY LIVE	IN YOUR I	HOME?										
HOW MAN	IY GOVERNMEN	NT OF NUNAV	UT EMPLO	YEES CURRENTLY LI	VE IN `	YOUR HON	1E, INCLUDIN	IG YOURSELF	?					
PLACE OF	EMPLOYMENT	FOR OTHER	ADULTS TI	HAT RESIDE IN HOME	:									
FOR ALL A	DDI IOANTO DI	EACE ATTACH	A CORV OF	ONE OF THE FOLLOW	INO:							ou e	2014 055	
1				ONE OF THE FOLLOW	ING:							CHE	CK OFF	
2	DUPLICATE CERTIFICATE OF TITLE OR CURRENT PROPERTY TAX ASSESSMENT OR													
3	CURRENT PROPERTY TAX ASSESSMENT OR CURRENT PROPERTY TAX INVOICE OR													
4	NUNAVUT HOUSEHOLD ALLOWANCE VERIFICATION FORM													
4				IVE PAYMENTS, PLEA		TACH A CC	DPY OF YOU	R MORTGAGE	OR I	FGAL				
5				POSSESSION. (RET										
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														
SIGNATUI APPLICAN	-													
										Year	Month		Day	
SIGNATURE OF CO-APPLICANT														
FOR OFFICE USE ONLY:														
DATE REC	EIVED:					COMPEN	ISATION STA	ATE DATF						
DATE VERIFIED:							NT TO PAYR							