NUNAVUT HOUSEHOLD ALLOWANCE VERIFICATION FORM

THIS FORM IS TO CONFIRM THAT THE FOLLOWING 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 #:
	HOUSE #:		COMMUNITY:

IS / ARE THE OWNER(S) AND IT IS THE PRINCIPAL RESIDENCE: ☐ (Check if Yes)

CONFIRMED BY:

BANK NAME, ADDRESS AND BRANCH #	
DATE OF OWNERSHIP COMMENCED ON: MONTH: DAY: YEAR:	PRINTED NAME OF BANK OFFICIAL
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: MONTH: DAY: YEAR:	PRINTED NAME OF HAMLET OFFICIAL
I CERTIFY THAT THE ABOVE INDIVIDUAL(S) IS/ARE THE OWNER(S) OF THE ABOVE PROPERTY. **(SIGNATURE OF HAMLET OFFICIAL)**	JOB TITLE / DATE
	CONTACT NUMBER / CONTACT EMAIL

OR: IS / ARE THE TENANT(S) AND ARE PAYING FULL MARKET RATE: ☐ (Check if Yes)

MONTHLY RENT PAID BY TENANT:	# OF BEDROOMS RENTED BY TENANT:	DATE TENANT MOVED IN MM/DD/YY:
TOTAL NO. OF BEDROOMS IN UNIT	TOTAL RENT PER MONTH AT FULL CAPACITY	HEAT INCLUDED? Y/N

CONFIRMED BY:

NAME OF LANDLORD	

MAILING ADDRESS OF LANDLORD (Please provide the Lot, Block & Plan number of rental unit at top of form where required)

HOUSE & STREET NAME			CITY OR COMMUNITY
P.O. BOX #	POSTAL CODE	PROV. OR TERR.	PHONE NUMBER & AREA CODE
I CERTIFY THAT THE ABOVE INDIVIDUAL(S) IS/ARE CURRENTLY PAYING RENT AS NOTED ABOVE. **(SIGNATURE OF LANDLORD)**			DATE

SIGNATURE OF APPLICANT   DATE

SINATURE OF CO-APPLICANT   DATE

FOR RENTERS, PLEASE ATTACH A COPY OF YOUR LEASE AGREEMENT AND A FUEL BILL IN YOUR NAME

APPROVED: APRIL4, 2024

SUNSET: APRIL 1, 2028