Newfoundland Labrador Housing

HOME MODIFICATION PROGRAM (HMP)

FCN 9040
06/2021

Privacy section:
Newfoundland and Labrador Housing Corporation (NLHC) is subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Applicants/ clients have a right of access to the existence, use and disclosure of their personal information. Further to Section 61.(c) of ATIPPA, NLHC requires applicant(s) Social Insurance Number(s), as that information relates directly to and is necessary for the operation of NLHC programs.

Return to: Avalon Regional Office
2 Canada Drive
P. O. Box 220
St. John's, NL
A1C 5J2

Fax to: (709) 724-3037

Applications will be dated when post marked if mailed or when received.

NOTE: HMP assists clients to remain in their own homes long term, funding is earned by maintaining occupancy over a five-year period. Incomplete applications will be returned unprocessed.

1 HOMEOWNER INFORMATION

Proof of home ownership must be attached. Adequate proof can be a purchase deed or mortgage is adequate proof. If not available, please complete the enclosed Affidavit.

Applicant: ______________ ______________ ______
(Last Name) (First Name) (Initial)

Date of Birth: [| | | | |] Y M D **Social Insurance Number:** [| | | | | | | |]

Marital Status: ______________ **Gender:** ______________

Co-Applicant: ______________ ______________ ______
(Last Name) (First Name) (Initial)

Date of Birth: [| | | | |] Y M D **Social Insurance Number:** [| | | | | | | |]

Marital Status: ______________ **Gender:** ______________

Telephone Numbers (Required to book inspections):

(Home) [| | - | | |] **(Work)** [| | - | | |] **(Cell)** [| | - | | |]

Address: ______________ ______________
(Street/Apartment) (P.O. Box)

______________ ______________ ______________
(City/Town) (Province) (Postal Code)

Email Address: ______________

1	HOMEOWNER INFORMATION (CONTINUED)

I hereby give consent for the following to make enquires or act on my behalf regarding this application, and/or any loans which may result from this application.

______________________ (Full Name) ______________ (Relationship) [| | | - | | | |] (Telephone)

Use of wheelchair ❑ Yes ❑ No

What year was your house built? __________ How long have you lived in your house? __________

2	OCCUPANT INFORMATION FOR PERSON WITH DISABILITY

______________________ (Last Name) ______________________ (First Name) ______ (Initial)

Date of Birth: [| | | | |] Y M D **Social Insurance Number:** [| | | | | | | |]

Marital Status: ______________________ **Gender:** ______________

Please state the nature of the disability and modifications required: ______________

____

____

____

____

____

____

____

An Occupational Therapist's report is required clearly indicating whether modifications are urgent or non-urgent. NOTE: Urgent modifications are required for client to return/remain home. Where extenuating circumstances exist and at the discretion of NLHC, a report prepared by a qualified medical professional other than an occupational therapist may be accepted.

Referral Agency: ______________________

Contact: ______________________

[| | | - | | | |] (Telephone)

3 INCOME INFORMATION FOR PERSON WITH DISABILITY

Are you a client of the Department of Advanced Education and Skills (AES) or Health and Community Services (HCS)? ❑ Yes ❑ No

AES File No. ______________________ HCS File No. ______________________

4 FINANCIAL INFORMATION FOR PERSON WITH DISABILITY

Include all bank or finance company loans, car payments, charge accounts, etc.

	Monthly Payment	Balance Owing
Mortgage/Rent:	$____________	$____________
Property and Water Taxes:	$____________	$____________
Electricity:	$____________	$____________
Oil, Wood and Other Fuels:	$____________	$____________
House Insurance:	$____________	$____________
Car Insurance:	$____________	$____________
Vehicle Loan(s):	$____________	$____________
Credit Cards:	$____________	$____________
Other ( ):	$____________	$____________
Other ( ):	$____________	$____________

5 DECLARATION

1. I/We declare the above information provided in this application to be complete and true.
2. I/We understand that the information provided in this application is being collected for the purpose of administering NLHC programs. This information will only be disclosed to NLHC personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. Statistics on NLHC programs will be reported at the provincial/regional level and will not personally identify individuals. Section 61(c) of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA) authorizes NLHC to collect personal information that "... relates directly to and is necessary for an operating program or activity of the public body." Questions about NLHC's collection of personal information may be directed to NLHC's ATIPPA Coordinator by telephone (709) 724-3004 or by mail P.O. Box 220, 2 Canada Drive, St. John's NL A1C 5J2.
3. I/We hereby grant NLHC, or its agents, permission to carry out necessary inquiries for the purpose of determining my/our income, assets, liabilities and credit information.
4. I/We hereby grant NLHC, and/or its agents, permission to carry out an inspection of my/our property.
5. I/We authorize NLHC to investigate any or all of the statements made herein, being fully aware that discovery of any false statements will cancel this application. I/We further agree that such action by NLHC will be without penalty or liability for damages.
6. I/We understand that this application does not constitute an agreement by NLHC or its representatives to provide housing assistance.

5	DECLARATION (CONTINUED)	

7. I/We further acknowledge the right of NLHC or its agents, at any time prior to the execution and delivery to me/us for assistance hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given.
8. I/We understand that HMP regular clients are served on a "first-come, first-serve" basis.
9. I/We understand that my/our application expires once the current year's funds have been allocated, at which time I will be notified in writing.

____
Signature of Applicant

____
Signature of Co-Applicant

____
Signature of Person Requiring Accessible Modifications (or Power of Attorney for Person Requiring Accessible Modifications)

Date

Y		M		D	

Reminder

- ✓Only completed applications with a consent to receive income information from Canada Revenue Agency will be accepted.
- ✓Please ensure that your Occupational Therapist (OT) Letter of Recommendation is included.
- ✓If AES is making payments on your behalf, please ensure that your AES file number is filled in on the front of this form.

Newfoundland Labrador Housing

FCN 9044
09/2020

NEWFOUNDLAND AND LABRADOR HOUSING (NLHC)
OCCUPATIONAL THERAPY / PROFESSIONAL LETTER OF RECOMMENDATION
Home Modification Program (HMP)

CLIENT INFORMATION	
Name of Client:	Date of Birth:
Address:	
Telephone number:	Email:
CONTACT INFORMATION	
Contact person for client, if not client:	
Address:	
Telephone Number:	Email:
Relationship to Client:	
ASSESSMENT	
Date of referral to Occupational Therapy:	Date of assessment: ☐ Completed in client's home ☐ Completed in hospital
Clients functional needs related to home modifications.	
☐ Urgent (Modifications to address serious medical conditions where if not corrected immediately would jeopardize the client's ability to return/remain at home without the repairs/modifications completed.) ☐ Regular (Modifications that aid independent living for the foreseeable future. These repairs if not corrected immediately may cause some discomfort but immediate action is not required.)	
Use of wheelchair ☐ Yes ☐ No	
Recommended modifications (prioritize, incorporate OT analysis):	
Pictures attached: ☐ Yes ☐ No	Sketches attached: ☐ Yes ☐ No
Comments:	

Other information attached:		
Consultation requested with inspector before modifications approved by NLHC: ☐ Yes ☐ No		
Referral to Community Occupational Therapist: ☐ Yes ☐ No (If applicable)		
Please consult with the occupational therapist if recommendations need to be modified. Name of Occupational Therapist:		
Telephone:	Fax:	Email:

______________________________ ______________________________

Signature Date

Newfoundland Labrador
Housing

FCN 3406
02/2019

CANADA

PROVINCE OF NEWFOUNDLAND AND LABRADOR

In the matter of ownership of house and property at ______________________________,
Newfoundland and Labrador, Canada.

AFFIDAVIT

I/We, ____, of ___________________,
in the Province of Newfoundland and Labrador, make oath and say as follows:

1. That I/We am/are, at present, _________ years of age.

2. That I/We am/are the sole owner/s of house and property and have been living in this house since _______________.

3. That it is acknowledged throughout the community of ________________ that both house and surrounding property is under my/our exclusive and sole ownership.

4. That no person or persons have ever made a claim to ownership of this property and no individual has ever asserted that I/We am/are not the rightful owner.

5. That we swear this Affidavit conscientiously believing it to be true and knowing it is a criminal offence to falsely swear an Affidavit.

SWORN TO at ______________________ ,
in the Province of Newfoundland & Labrador,
this ________ day of ____________ , 20_____ A.D.,
Before me:

____
Homeowner

____
Spouse (if applicable)

____
Witness
(Commissioner of Oaths, Notary Public
or Justice of the Peace in and for the
Province of Newfoundland and Labrador)

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Newfoundland Labrador Housing

FCN 11,210A
09/2018

Canada Revenue Agency Income Consent for Programs

Only applications which include this signed consent will be accepted for processing.

I/we hereby consent to the release of information from my/our previous year's income tax return (and, if applicable, other required taxpayer information about me/us whether supplied by me/us or by a third party) by the Canada Revenue Agency to the Newfoundland Labrador Housing Corporation (NLHC).

I understand that this taxpayer information will be used by NLHC to verify my/our eligibility and entitlement for housing programs and services offered by NLHC under Section 23(e) of the *Housing Corporation Act,* and that it will not be disclosed to any other person or organization without my/our approval.

Section 61(c) of the *Access to Information and Protection of Privacy Act, 2015* authorizes NLHC to collect personal information that "relates directly to and is necessary for an operating program or activity of a public body". If there are any questions about the NLHC's collection of the Taxpayer information I/we may contact NLHC's ATIPPA Co-ordinator at 709.724.3004.

I understand that this authorization is valid for the current taxation year as well as each subsequent consecutive taxation year for which assistance may be or has been requested.

I have given this consent voluntarily and I am aware that it may be revoked in writing (NLHC ATIPPA Co-ordinator, P.O. Box 220, 2 Canada Drive, St. John's NL A1C 5J2) at any time, except where action has already been taken.

______________________________ ______________________________

Applicant's signature **Co-applicant's signature (if applicable)**

______________________________ ______________________________

Date **Date**