

# 2019 APPLICATION FOR HOUSING REPAIRS

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*The 2019 Housing Repair Program is being made available to all Beneficiaries of the Labrador Inuit Land Claims Agreement residing in the Inuit Communities of Nain, Hopedale, Postville, Makkovik and Rigolet.*

1. What is your household gross income level (include your income, your spouse's income and the income of other permanent residents living in the household)? \_\_\_\_\_  
*Please note that your application must be accompanied by proof of annual income (as noted on Line 150 of your 2017 Notice of Assessment from Canada Revenue Agency) for ALL permanent residents of the household*
  
2. Do you receive social assistance? (circle one) Yes / No
  
3. House type (check one): \_\_\_\_\_ TRHA \_\_\_\_\_ NLHC \_\_\_\_\_ Privately owned
  
4. If private, do you certify that you are the owners of the house and the lot for which you are seeking assistance? (circle one) Yes / No
  
5. If TRHA, has your home been inspected by TRHA? (circle one) Yes / No
  
6. If yes, in what year was your home inspected? \_\_\_\_\_
  
7. Will you be receiving a new home or repairs from TRHA or NLHC in 2019? (circle one) Yes / No
  
8. Do you have/suspect you have mould. If so in what locations? (circle one) Yes / No  
  
\_\_\_\_\_
  
9. To take part in this program, you must be willing to have an inspection team visit your house to determine the specific repairs that are needed. Are you willing to have an inspection team visit your home? (circle one) Yes / No

Applicant name: \_\_\_\_\_



Please list your family members and any other residents that are staying in your home; we ask that you indicate whether each person is a short-term or permanent resident:

Name	Relation	Age	Permanent or short term resident? Please check one	
			Short Term	Permanent

Applicant name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Age: \_\_\_\_\_

Applicant's Spouse's Name: \_\_\_\_\_

Home community: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Number of bedrooms in the house: \_\_\_\_\_

Age of the house: \_\_\_\_\_

To the best of your belief, is all of the information in this application true? (circle one) Yes / No

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that due to limited funds, not all applicants will be able to have repair work completed on their house through this program.

**This application should be returned to your Community Liaison Officer by 4:00pm Friday November 30th, 2018. Only fully completed applications will be considered and applications must be accompanied by proof of annual income as specified on the required Notice of Assessment.**