

**SECONDARY AND BASEMENT SUITE
INCENTIVE APPLICATION**

<p><u>Privacy section:</u> 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.</p>	<p><u>Return to:</u> Program Delivery Department Newfoundland and Labrador Housing Corporation 2 Canada Drive, P. O. Box 220 St. John's, NL A1C 5J2</p> <p><u>Fax Number:</u> 709-724-3149 <u>Email:</u> sbisi@nlhc.nl.ca</p> <p>Applications will be dated when post marked if mailed or when received.</p>
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1	APPLICANT INFORMATION	NOTE: Incomplete applications will be returned unprocessed.
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Applicant: _____ (Last Name) _____ (First Name) _____ (Initial)

Date of Birth: **Social Insurance Number:**

Y M D

(Home) - **(Work)** - **(Cell)** -

Email Address: _____

Co-Applicant: _____ (Last Name) _____ (First Name) _____ (Initial)

Date of Birth: **Social Insurance Number:**

Y M D

(Home) - **(Work)** - **(Cell)** -

Email Address: _____

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

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

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PROJECT INFORMATION

Please provide information on the scope of work required to add the secondary or basement suite to your primary residence.

Type of development: Building Extension Within Existing Structure Other (Please Explain)

Where is the planned location within your home: Main Floor Upper Floor Basement
 Other (Please Explain): _____

What is the current condition of the space? NA (Extension) Existing Finished Living Space (Conversion) Undeveloped (Development) Other (Please Explain)

What is the total anticipated cost of the secondary or basement suite? _____

Please confirm the following are completed and attached to your application:

- Copies of my proof of residency in the home (eg. driver’s license or utility bill).
- Proof of home ownership for the home to be modified (deed and survey).
- A letter from a recognized financial institution confirming access to lending or liquid assets sufficient for the balance of funds required to complete the renovation.
- A copy of a quote from a contractor to complete the renovation.
- An approved building permit from the authority having jurisdiction.

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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 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.

- 4. I/We understand that this application does not constitute an agreement by NLHC or its representatives to provide financial assistance.
- 5. I/We further acknowledge the right of NLHC or its agent(s), 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.
- 6. I/We acknowledge that I/we reside in the province of Newfoundland and Labrador at the time of this application and/or have "Permanent Residency" status in the province.

Applicant _____

Date

Y		M		D	

Co-Applicant _____

Date

Y		M		D	