

**PRIVACY NOTICE:**

When you submit your application, the personal information provided below is collected by the Department of Growth and Development (DGD) as authorized by the Freedom of Information and Protection of Privacy (FOIPOP) Act.

DGD will use the personal information for the sole purpose of determining your eligibility for the program and for managing the program (for example, communicate with you and provide funding). Your personal information will only be used or disclosed for another purpose if we are authorized by law to do so or if we obtain your express consent.

To read more about how the Province of Nova Scotia respects your privacy when interacting with us review our full privacy statement. For questions about how your personal information is handled in relation to this service you may contact 1-844-424-5110.

**Please complete and return this application along with all necessary documentation to the regional office serving the area in which the home you are purchasing is located:**

<p><b>Central Region</b> (serving Halifax Regional Municipality and Hants County)</p> <p>Department of Growth and Development 3770 Kempt Road, Suite 3 Halifax, NS B3K 4X8</p>	<p><b>Eastern Region</b> (serving Cape Breton Island)</p> <p>Department of Growth and Development Suite 22, Provincial Building 360 Prince Street Sydney, NS B1P 5L1</p>
<p><b>Western Region</b> (serving Annapolis Valley and South Shore)</p> <p>Department of Growth and Development 101 Magee Drive, Box 1000 Middleton, NS B0S 1P0</p>	<p><b>Northern Region</b> (serving Guysborough, Antigonish, Pictou, Cumberland and Colchester Counties)</p> <p>Department of Growth and Development 7 Campbell's Lane New Glasgow, NS B2H 2H9</p>

**NOTE:** Completed applications will be dated according to the date stamp when received by Growth and Development (DGD) and processed on a first-come, first-served basis.



DOWN PAYMENT ASSISTANCE PROGRAM APPLICATION FORM

APPLICANT PERSONAL INFORMATION

FULL LEGAL NAME	DATE OF BIRTH (DD/MM/YYYY)	SOCIAL INSURANCE NUMBER
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MARITAL STATUS

Single     Married     Common Law     Divorced     Widowed

ADDRESS (NUMBER, STREET)

CITY	PROVINCE	POSTAL CODE
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HOME PHONE	CELL PHONE	EMAIL ADDRESS
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CO-APPLICANT (IF ANY) PERSONAL INFORMATION

FULL LEGAL NAME	DATE OF BIRTH (DD/MM/YYYY)	SOCIAL INSURANCE NUMBER
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RELATIONSHIP TO APPLICANT

MARITAL STATUS

Single     Married     Common Law     Divorced     Widowed

ADDRESS (NUMBER, STREET) *IF DIFFERENT*

CITY	PROVINCE	POSTAL CODE
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HOME PHONE	CELL PHONE	EMAIL ADDRESS
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Do you have children?  Yes     No

What are their ages? \_\_\_\_\_.

To continue with your application, you (the applicant and co-applicant, if there is one) must read and agree to the terms below. This section is your legal agreement with DGD.

- The information provided in this application is true and complete with documentation available to confirm that, if needed.
- If, during the application review, any information is found to be false or misleading, the Department reserves the right to cancel the application without assuming responsibility for any resulting losses.
- If any of my information in this application changes, like my address or household income, I must tell DGD right away.
- If my application is approved, the money must be used for a down payment on my first home purchase.
- We had the chance to ask questions about anything we didn't understand in this application.

By submitting an application to this program, you hereby affirm that all information provided is truthful, complete, and accurate to the best of your knowledge. Any intentional misrepresentation, omission of material information, or submission of false or fraudulent documentation shall constitute grounds for denial of the application. Moreover, if such misrepresentations or omissions are discovered subsequent to the approval and receipt of down payment assistance, the applicant may be subject to immediate termination from the program and required to reimburse any benefits improperly received. In addition, serious violations may be reported to the appropriate governmental or law enforcement authorities for further investigation and possible prosecution. The act of submitting an application shall be deemed acceptance of these terms and conditions.

By signing below, I confirm that I have read, understand, and agree to the declaration above. I authorize the Department of Growth and Development to collect, use and disclose the personal information I have provided in this application for the purpose of administering the Down Payment Assistance Program.

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APPLICANT SIGNATURE

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CO-APPLICANT SIGNATURE

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DATE

I/We \_\_\_\_\_, of \_\_\_\_\_,  
in the Province of Nova Scotia, make oath and say as follows:

1. That I/We am/are First Time Homeowners/Purchasers and I/We both meet one of the following conditions:
  - a. Never owned a home by way of purchase, inheritance, or gift; or
  - b. Not occupied a home in the last four years that was owned by myself or my current spouse, common-law partner, or cohabitant; or
  - c. Previously owned a home but have had a breakdown of a marriage or common-law partnership.
2. That I/We acknowledge that we do not have the financial ability to pay 5% of the purchase price of the Property and acknowledge the program is intended for those in need that do not have the financial resources/assets for their down payment.
3. That I/We make this Affidavit for the purposes of obtaining financial assistance through the Down Payment Assistance Program, knowing it is a criminal offense to falsely swear an Affidavit.

SWORN to at \_\_\_\_\_, in  
the Province of Nova Scotia, this \_\_\_\_\_ day  
of \_\_\_\_\_/\_\_\_\_\_ A.D.,  
(Month) (Year)

Before me:

\_\_\_\_\_  
A Commissioner of Oaths, Notary Public or  
Justice of the Peace in and for the Province of  
Nova Scotia.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature (if applicable)

- ✓ Signed Affidavit showing no previous home ownership
  - The Affidavit can be signed by a Commissioner of Oaths, including a barrister of the Supreme Court of Nova Scotia
- ✓ Income Tax Slips (T-slips) **AND** associated Notice of Assessment from the Canada Revenue Agency (CRA) for the tax year prior to the year you are applying for the program **OR** Proof of Income (Option "C") Form
  - Your T-slips should equal the total (\$) amount found on Line 15000 (formerly 150) of your Notice of Assessment
  - Proof of Income Form available by calling the Canada Revenue Agency at 1-800-959-8281, or a copy can also be obtained through My Account on the CRA website, provided for both applicant and co-applicant.
- ✓ If self-employed, the last three (3) years Notice of Assessment, along with the most recent Statement of Business Activities for the business
- ✓ A copy of your Child Tax Benefit Statement (if applicable)
- ✓ A copy of your driver's license or other identification
- ✓ A copy of your Permanent Resident Card (if applicable)
- ✓ Completed Client Pre-Authorized Payment Form
- ✓ A copy of your most recent pay stubs
- ✓ A copy of your Mortgage Commitment or Mortgage Pre-Approval Letter from an NHA Approved Lender letters from mortgage brokers are not sufficient)
- ✓ Your lawyer's information
- ✓ A copy of your Agreement of Purchase and Sale. You need to apply at least 3 weeks before the financing deadline on your Agreement of Purchase and Sale.
- ✓ Written verification of your employment confirming your date of hire, position, current annual income, employment status (full time, part time, casual, seasonal, term) and the probability for future continued employment
- ✓ Verification that you can pay the closing costs