

Application Homeowners

(Canada Nova Scotia Targeted Housing Benefit)

1 Privacy consent

A Declaration

The Department of Growth and Development (the Department), under the Government of Nova Scotia, collects the personal information provided through this application as authorized by the *Freedom of Information and Protection of Privacy Act* (FOIPOP) and relevant program legislation.

For more information on how the Government of Nova Scotia protects your privacy, review our full privacy statement (www.novascotia.ca/privacy). If you have questions about how your personal information is handled under this program, contact us at 1-833-424-7711.

Your information is collected, used and disclosed for the following purposes:

- Confirm the identity of applicants and household members and determine eligibility for the program.
- Communicate with you regarding your application and program participation.
- Verify and validate the information, statements, and documents provided to maintain program integrity and ensure compliance with eligibility requirements.
- Process your application and provide appropriate program support and financial assistance.
- Confirm with the Nova Scotia Provincial Housing Agency whether you are a tenant of public housing and that you do not owe money to public housing. This is required to determine your eligibility for a rent supplement. Also, to notify the Nova Scotia Provincial Housing Agency that you have applied for a rent supplement.
- If applicable, confirm with the Department of Opportunities and Social Development if you are in receipt of Income Assistance and/or Disability Support and if so, to confirm the amount received. This is required to determine your eligibility for a rent supplement.
- If applicable, confirm your housing situation and communicate with a support agency that you are working with to secure housing. A support agency may include a Housing Support Organization where there is a written support agreement in place, or a referral agency that has provided an attestation on your behalf.
- Ensure your application is not duplicated and that all dependents and household members are included as appropriate.
- Support accurate reporting and fulfill our responsibilities under provincial and federal agreements and policies.

The Department will use and disclose your personal information only for the purposes stated above, unless otherwise authorized or required by law.

By submitting this application, I/we acknowledge and consent to the use and disclosure of my/our information as described in this notice.

B Acknowledgment

I/we have read, understood, and agree to the statements in this consent form.

C Apply online

Apply online at:
<https://novascotia.ca/apply-homeowners-supplement-canada-nova-scotia-targeted-housing-benefit>



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2 Applicant

A Primary applicant information (fill out this section with your information)

Full name (first and last, as it appears on your Notice of Assessment from the Canada Revenue Agency)

Gender

Man (boy) Woman (girl) Prefer not to say Let me specify Describe in your own words

Marital status (helps us accurately calculate your household's housing needs)

Common-law Divorced Married Single Separated Widowed

Date of birth **Social Insurance Number**

DAY MONTH YEAR

Citizenship/residency status

Canadian citizen

Permanent resident with residency card

Holder of a visa under the Canada-Ukraine Authorization for Emergency Travel

None of these

B Full-time student

In Nova Scotia, a full-time student is defined as someone who is enrolled in at least 60% of a full course load each term. This is reduced to 40% for students with disabilities.

? **University:** Usually, a full course load is 5.0 credits for 8 months of study per academic year.

Private Career College: a full-time student is considered to have at least 20 hours of instruction per week.

Are you a full-time student? Yes No

! **If you are a full-time student, fill out this section and attach proof of enrolment from your university or college. Applications without proof will not be processed.**

Do you have a physical disability? Yes No

Do you have any dependents (children under 18) living with you at your home? Yes No

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3 Applicant contact information

A Phone and email

Phone number (best weekday number)

Email (we may email you updates about your application)

B Home address

Street address (include street number and name, and unit, suite or apartment number)

City/Town/Community

County

Province

Postal code

C Mailing address

! If your mailing address is different from your address, fill out this section

Mailing address (include street number and name, unit, suite or apartment number, or P.O. Box, or RR#)

City/Town/Community

County

Province

Postal code

4 Alternate contact (someone we can contact if we can't reach you)

! This section is optional. If you want to add an alternate contact, provide their information below. They will not have access to your application details, including your status, and can't speak on your behalf.

Full name (first, middle and last. E.g. John Milton Doe)

Phone number (best weekday number)

Email

What's this person's relationship to you?

- Family member Non-family Caseworker Other

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5 Household composition (number of people living in the home)

A Household members (list all people living in the home, not including the primary applicant)

Household members are any adults or minors who live at your address, including roommates, dependent and non-dependent children.

! For any household member who is a full-time student, proof of enrolment from their school, university, or college is required. Applications without proof will not be processed.

Full name (first and last)	Date of birth (day-month-year)	Gender	Social Insurance Number (SIN)	Citizenship/ Residency status	Full-time Student	Relationship to applicant
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 Current housing situation (as listed on the property deed)

A Other owners

Are there other owners of the property who are not residing in the home?

Yes No

! If YES, provide the list of all owners of the property.

Full name (first and last) <input type="text"/>	Full name (first and last) <input type="text"/>
Full name (first and last) <input type="text"/>	Full name (first and last) <input type="text"/>

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7 Shelter expenses

A Tell us your shelter expenses (enter the costs that apply to your household)

Property taxes

\$ Annually or yearly Twice a year Every 3 months Every 2 months Monthly Semi-monthly Bi-weekly Weekly

Mortgage

\$ Annually or yearly Twice a year Every 3 months Every 2 months Monthly Semi-monthly Bi-weekly Weekly

Condo and lot fees

\$ Annually or yearly Twice a year Every 3 months Every 2 months Monthly Semi-monthly Bi-weekly Weekly

Water

\$ Annually or yearly Twice a year Every 3 months Every 2 months Monthly Semi-monthly Bi-weekly Weekly

Electricity

\$ Annually or yearly Twice a year Every 3 months Every 2 months Monthly Semi-monthly Bi-weekly Weekly

Heat (includes oil heat, natural gas, etc.)

\$ Annually or yearly Twice a year Every 3 months Every 2 months Monthly Semi-monthly Bi-weekly Weekly

Home Insurance

\$ Annually or yearly Twice a year Every 3 months Every 2 months Monthly Semi-monthly Bi-weekly Weekly

! If you enter a cost for any shelter-related expense, you must include proof of that cost.

Attach the following documents as applicable:

- Property taxes: a copy of your property tax invoice
- Mortgage: a copy of your mortgage statement
- Condo or lot fees: a copy of your condo fee or lot fee bill
- Water: a copy of your water bill
- Electricity: a copy of your electricity bill
- Heat (oil, natural gas, etc.): a copy of your heating bill or fuel receipt
- Home insurance: a copy of your home insurance statement

Applications without the required documents will not be processed.

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8 Income sources

! Required: You must provide proof of income for the **primary applicant** and for **any household member** who is **18 or older AND not attending school**.

Notice of Assessment and Proof of Income Statement can be obtained from Canada Revenue Agency (CRA) at <https://canada.ca/revenue-agency> or by calling 1-800-959-8281.

? Certain income sources are excluded for this program:

- GST/HST Credits
- Income tax Refunds
- Child Tax Benefit / Canada Child Benefit
- Nova Scotia Affordable Living Tax Credit
- Certain emergency or crisis assistance payments from government or charities.

- Income Assistance/Disability Support**
Attach your Notice of Assessment
- Employment Income**
Attach **BOTH** your current Notice of Assessment **AND** at least 4 recent pay stubs (back-to-back weeks) that show your name, employer's name and address, and pay period covered. **If you don't get pay stubs**, send a letter from your employer (see Program Guide for details).
- Fluctuating Employment Income** (contract, short-term, intermittent)
If you've been working this way for **less than a year**, attach the most recent 3-months of your pay stubs that show your name, employer's name and address, and pay period covered. **After one year**, attach your most recent tax assessment from the Canada Revenue Agency.
- Canada Pension Plan, Old Age Security, Canada Pension Plan Disability, Veterans Benefits, and Long Term Disability**
Attach your most recent Notice of Assessment (if it a full year) **AND, EITHER** a current statement that shows the gross amount of income and how often it is paid **OR** a tax slip (like T4A, OAS, T5007) **OR** a letter from the pension provider showing your monthly income.
- Employment Commissions, Tips, Gratuities, or Bonus**
Attach **EITHER** your employment contract, **OR** a pay stub, **OR** your latest Record of Employment showing your total income from these sources over the past 12 months.
- Immigration Sponsorship** (for Permanent Residents only)
Attach **EITHER** a letter from your sponsor (on letterhead) **OR** a statement from Immigration, Refugees, and Citizenship Canada.
- RRSP / RIFF**
Attach your current statement **OR** a T4RIF slip
- Caregiver Benefit**
Attach your current benefit statement of T5007 tax slip
- Training Programs**
Attach a copy of the agreement showing your benefits.
- Investments (GICs, Bonds, etc.)**
Attach **ALL** documents from your bank showing investment details and interest earned.
- Dividends**
Attach **EITHER** your T5, T4PS **OR** T3 tax form.
- Self-Employment**
 - Less Than One Year**
Attach your most recent unaudited financial statement
 - One Year or Over** (Not Registered with Joint Stocks)
Attach **THREE** documents - your latest T1 General tax return, **AND** Statement of business activities, **AND** Notice of Assessment.
 - One Year or More** (Incorporated, Registered with Joint Stocks)
Attach **EITHER** your T4/T5 slips for income or dividends, **OR** your latest tax return and Notice of Assessment.
- Interest Income**
Attach **EITHER** your bank statements **OR** tax slips (T3/T5) showing interest earned.
- Spousal Support**
Attach **EITHER** a copy of the support agreement, court order, **OR** a letter from your lawyer.
- Employment Insurance Benefits**
Attach **EITHER** your current benefit statement **OR** a printout from your EI web account
- Foreign Social Security**
Attach your current benefit statement.
- Capital Gains**
Attach **ALL** documents showing the transaction.
- Annuities**
Attach your T4A tax slip.
- Doesn't have an income**
Full name(s) of person(s) with no income

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9 Support and assistance

Are you getting help with this application? Yes No

! If you are getting help with this application, fill out this section.

Organization (if applicable)

Support person name

Phone number

Extension

Email

! Attach a signed Consent to Communicate form so we may discuss your case with this contact.

10 Authorization for Electronic Funds Transfer

? To set up direct deposit, you must submit your banking information with this application.
Your bank statement will show all deposits made by the *Province of Nova Scotia*.

A Start direct deposit or change existence information

Start direct deposit

Change my direct deposit information

Effective date of change

DAY

MONTH

YEAR

B Confirmation of deposits

! If you choose to receive email notifications, we will send an email each time a deposit is made to your account.

Do you want to receive deposit confirmation emails?

Yes – Send deposit confirmation emails to:

No – I do not want to receive deposit confirmation emails.

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10 Authorization for Electronic Funds Transfer (continued)

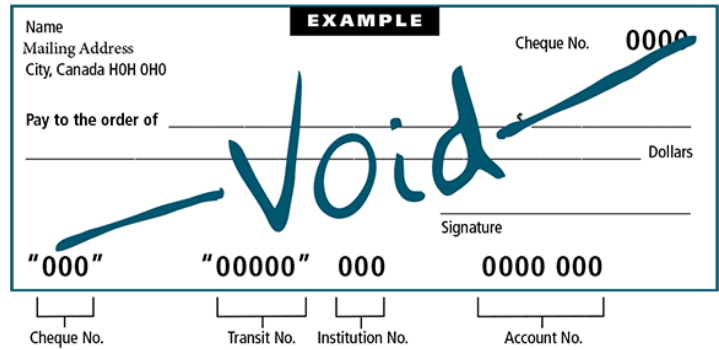
C Void cheque (If you are attaching a blank cheque, fill out this section.)

! Required document: Attach a blank cheque with VOID written across the front.

Attached a void cheque

Type of account

Chequing Savings



D Without a void cheque

! Required document: This section must be completed by your bank if you do not have a cheque to attach.

Type of account Chequing Savings

Name of bank or other financial institution

Address of branch where account is held

Transit number

Institution number

Account number

Account holder name

Teller stamp

E Authorize Electronic Payments

I authorize the Department of Growth and Development to deposit, by electronic fund transfer, payments owed to me by the Province of Nova Scotia and, if necessary, to debit entries and adjustments for amounts deposited electronically in error. The Department will deposit the payment in the banking account designated above. I recognize that if I give incomplete or inaccurate information on this form, payments may be made to the wrong account.

Name

Signature

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11 Declaration and consent with signature

A Legal declaration

To continue with your application, you (the applicant and any household members over 18 who are not in school) must read and agree to the terms below. This section is your legal agreement with the Department of Growth and Development (the Department).

- The information provided in this application is true and complete with documentation available to confirm that, if needed.
- If information is missing from this application, I/we understand that I/we have to submit missing documentation by the time indicated by the program or my/our case will be closed.
- 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 the information in this application changes, such as address or household income, I/we must tell the Department right away. This still applies even if the application has already been approved or I/we have started receiving a rent supplement.
- If my/our application is approved, the money must be used to pay housing costs.
- I/we understand that our eligibility must be confirmed every year to keep getting support. If my/our situation changes or I/we no longer qualify, the amount I/we receive might change or stop. The Department is not responsible for any losses if that happens.
- I/we understand that we cannot receive a rent supplement while living in public housing. I/we will notify the Department prior to moving into a public housing unit, if applicable.
- I/we had the chance to ask questions about anything we didn't understand in this application.

By submitting an application to this program, you 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. If such misrepresentations or omissions are discovered after approval, the applicant may be subject to termination and required to reimburse improperly received benefits. Violations may also be reported to authorities.prosecution. The act of submitting an application shall be deemed acceptance of and consent to these terms and conditions.

B Applicants signatures

Primary applicant name	Signature
<input style="width: 95%;" type="text"/>	_____
<input type="checkbox"/> I/we have read, understood, and agree to the statements in this declaration	Date <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
	<small>DAY MONTH YEAR</small>

C Household members

Name	Signature
<input style="width: 95%;" type="text"/>	_____
<input style="width: 95%;" type="text"/>	_____
<input style="width: 95%;" type="text"/>	_____

! If more than one signature is needed, print this page again and sign it.

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12 Self-identification (voluntary)



We invite you and your household to voluntarily self-identify your gender, race and disabilities. This will not affect your eligibility. The Department of Growth and Development collects this information to better tailor housing supports to the diverse needs of Nova Scotians.

A Learn more about why we collect this information and how it will be used

The Department of Growth and Development's Housing support programs are collecting self-identification information to create a more accurate picture of the clients and communities we serve. We are committed to providing support that reflects the unique needs of all Nova Scotians.

To do this effectively, we encourage you to consider sharing information about yourself and your household with us.

We understand that self-identification can be deeply personal. If you don't feel comfortable sharing at this time, you can disclose later – **your participation is completely voluntary.**

By self-identifying, you're helping us:

- Better understand your wants and needs
- Tailor our programs, policies, and funding to support you more effectively
- Improve how we communicate, ensuring it is relevant and meaningful to everyone we serve
- Direct funding to the areas where it will make the biggest impact
- Your information will be kept private and confidential

While questions around self-identification are included on all Housing application forms, clients are not required to self-identify and your decision to self-identify or not will not affect your application.

However, by self-identifying, your input helps us foster a more welcoming and supportive environment for all.

B Gender

What categories do you or someone in your household currently identify with?

Select all genders that apply

Man Trans Two-spirit Woman Prefer not to answer

Gender diverse

Describe in your own words

I use different language to self-identify

Describe in your own words

C Disabilities

Do you or someone in your household identify as a person with one or more disabilities?

Yes No Do not know Prefer not to answer

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12 Self-identification (voluntary) continued



We invite you and your household to voluntarily self-identify your gender, race and disabilities. This will not affect your eligibility. The Department of Growth and Development collects this information to better tailor housing supports to the diverse needs of Nova Scotians.

D Race

In Nova Scotia, people are often described by their race or racial identity. These identities are social and historical descriptions, and do not have a scientific basis.

Which race categories do you or someone in your household identify with?

Select all race categories that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Black
African Nova Scotian, African Canadian, African descent, Afro-Caribbean descent | <input type="checkbox"/> South Asian
South Asian descent (eg. Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan) | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> East Asian
Chinese, Japanese, Korean, Taiwanese descent | <input type="checkbox"/> Southeast Asian
Southeast Asian descent (eg. Cambodian, Filipino, Indonesian, Thai, Vietnamese) | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Latin American
Hispanic or Latin American descent | <input type="checkbox"/> White
European descent | <input type="checkbox"/> See Indigenous Identity below |
| <input type="checkbox"/> Middle Eastern or North African
Arab, Persian, West Asian descent (eg. Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish) | <input type="checkbox"/> I use different identifier to self-identify | <small>Describe in your own words</small>
<input type="text"/> |

E Indigenous Identity

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Inuk/Inuit | <input type="checkbox"/> I use different identifier to self-identify | <small>Describe in your own words</small>
<input type="text"/> |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Métis
Canada-Métis Nation Accord | <input type="checkbox"/> Do not know | |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Non-Status | <input type="checkbox"/> Prefer not to answer | |

F Mi'kmaw

Do you or someone in your household identify as Mi'kmaw?

- Yes
 No
 Do not know
 Prefer not to answer

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13 Completed application (return this application and all required supporting documents)

Mailing address

Department of Growth and Development
 Attn: Housing Benefit Unit
 P.O. Box 702 Stn
 Halifax, Nova Scotia B3J2T3

! You can also call toll-free (within NS) at 1-833-424-7711

14 Example of documentation

A Notice of assessment	B T4																																
<div style="text-align: right; margin-bottom: 10px;"> Notice details </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black;">Social insurance number</td> <td style="border: 1px solid black;">XXX XX# ###</td> </tr> <tr> <td style="border: 1px solid black;">Tax year</td> <td style="border: 1px solid black;">20##</td> </tr> </table> <p>Name Mailing address</p> <p>Tax assessment</p> <p>We calculated your taxes using the amounts below. The following summary is based on the information we have or you gave us.</p> <p>We may review your return later to verify income you reported or deductions or credits you claimed. For more information, go to canada.ca/taxes-reviews. Keep all your slips, receipts, and other supporting documents in case we ask to see them.</p> <p>Note, DR (debit) is the amount you owe us and CR (credit) is the amount we owe you.</p> <p>Summary</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Line</th> <th style="text-align: left;">Description</th> <th style="text-align: right;">\$ Final amount</th> <th style="text-align: right;">CR/DR</th> </tr> </thead> <tbody> <tr> <td>15000</td> <td>Total income</td> <td style="text-align: right;">###,###</td> <td></td> </tr> <tr> <td></td> <td>Deductions from total income</td> <td style="text-align: right;">###,###</td> <td></td> </tr> <tr> <td>23600</td> <td>Net income</td> <td style="text-align: right;">###,###</td> <td></td> </tr> <tr> <td>26000</td> <td>Taxable income</td> <td style="text-align: right;">###,###</td> <td></td> </tr> <tr> <td>35000</td> <td>Total federal non-refundable tax credits</td> <td style="text-align: right;">###,###</td> <td></td> </tr> <tr> <td>61500</td> <td>Total Nova Scotia non-refundable tax credits</td> <td style="text-align: right;">###,###</td> <td></td> </tr> </tbody> </table>	Social insurance number	XXX XX# ###	Tax year	20##	Line	Description	\$ Final amount	CR/DR	15000	Total income	###,###			Deductions from total income	###,###		23600	Net income	###,###		26000	Taxable income	###,###		35000	Total federal non-refundable tax credits	###,###		61500	Total Nova Scotia non-refundable tax credits	###,###		<div style="text-align: right; margin-bottom: 10px;"> T4 Statement of Remuneration Paid État de la rémunération payée </div> <p style="font-size: small; margin-top: 10px;">T4 (23) Protected B when completed / Protégé B une fois rempli</p>
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