

1. Eligibility Requirements

- The applicant and co-applicant(s) must provide proof of their ancestry. Acceptable forms of ancestry documentation include a band card, a letter of status confirmation from the individual's band, a letter from Indigenous Services Canada, or a letter from the Native Council detailing ancestry, which a Citizenship Information Officer should issue.
- The applicant must have income outside of Bursaries and/or Scholarships, Child Tax Benefits, Child Support Payments, and /or Income Tax Returns.
- All household members' total household income (income before deductions) must be below the Household Income Limits (HILs) for your area. You can find the HILs limits online:
https://housing.novascotia.ca/sites/default/files/NS_HIL_2022-23.pdf
- All applicants must agree to sign the Tawaak Housing Consent Form and use their information for HIFIS.

Requirements for Current or Previous Tenants

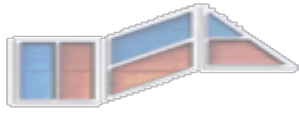
- You must not be living in a unit operated by the Tawaak Housing Association (THA) without the organization's knowledge. You cannot be on a current lease.
- If you are a previous tenant with a balance owing, the balance must be paid in full before your application is approved.
- If you are a previous tenant reapplying to THA, you will be placed on the wait list based on your application date as per all new applicants.
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2. How to fill out this application

- Answer all the questions in every section of the form. If you cannot answer one or more questions, take note of the questions and contact us via email or phone. Contact information is on the last page of this application.

Once the application is received by THA

- The committee will review all applications and supporting documents for approval.
- You will be notified once your application has been approved.
- THA requires an annual update from each applicant.
- After a unit has been allocated to you, THA staff will reach out to you. Please note there is no benefit in calling for an update on your application status.
- The average wait time for a unit is approximately 2 years and may vary based on your family composition and housing needs.



3. Family Composition

Applicant & Co-Applicant Information

| Name First, Middle, Last | Date of Birth MM/DD/YYYY | Student? Y/N | Elder? Y/N | Proof of status attached? Y/N |
|-----------------------------|-----------------------------|-----------------|---------------|----------------------------------|
| | | | | |
| | | | | |

Family Composition

| Name First, Middle, Last | Date of Birth MM/DD/YYYY | Relationship to Applicant | Student? Y/N | Elder? Y/N | Proof of status attached? Y/N |
|-----------------------------|-----------------------------|------------------------------|-----------------|---------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

4. Contact information

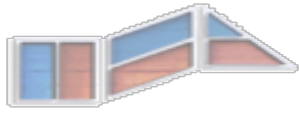
Your contact information is the primary means by which THA will notify you of any status changes to your housing application. You are responsible for informing THA of any changes to your contact information. You can update your information by calling our office or emailing us.

| | | | |
|-----------------------|--------------------|------------------------|------------------|
| Street Address | | Apt No. | City/Town |
| | | | |
| Province | Postal Code | Email Address | |
| | | | |
| Primary Phone | | Secondary Phone | |
| | | | |

Alternate Contact

This person can be a family member, friend, caseworker, or someone you are comfortable with us sharing application details. We will use this contact if we cannot reach you.

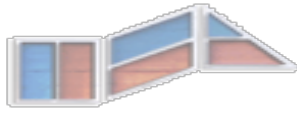
| | |
|--------|----------------------|
| Name: | Relationship to you? |
| Phone: | Email: |



5. Income information

- The rent you pay to THA is determined by your households income & composition. Please provide details about all gross monthly income received by every person in your household before taxes or deductions. Gross income is calculated using 4 pay stubs or a Letter of Employment with details of annual salary, or hourly rate and average hours per pay period
- If your household has more than 5 members please add extra pages to include for all members.
- Ensure all documentation is up to date.

| | Household Member Name | Household Member Name | Household Member Name | Household Member Name | Household Member Name |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Income Type | Amount | Amount | Amount | Amount | Amount |
| Gross employment income before deductions | | | | | |
| Canada Pension Plan (CPP) | | | | | |
| Canada Pension Plan Disability (CPP-D) | | | | | |
| Employment Insurance | | | | | |
| Income Assistance | | | | | |
| Other Pension | | | | | |
| Student Allowance | | | | | |
| Workers Compensation | | | | | |
| Other Income | | | | | |
| Total | | | | | |



6. Housing History

Own Rent Unhoused Shelter Boarder Incarcerated

Rental History

Are you receiving a rental supplement from the Department of Municipal Affairs? Choose an item.

Have you applied for housing with THA before? Choose an item.

Have you been a tenant with THA before? Choose an item.

Landlord History:

If you do not have a current landlord provide a previous landlord within the past 5 years

| Start of Tenancy (mm/dd/yyyy) | End of Tenancy (mm/dd/yyyy) blank if this is current address | |
|---|--|-------|
| | | |
| Landlord Name | Email | Phone |
| | | |
| Did you receive an eviction notice? Date? | What is the reason | |
| | | |

7. Housing Needs

Bedroom Eligibility:

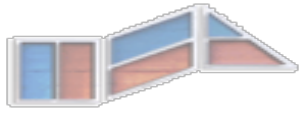
The number of bedrooms you require is based on your household composition.

- No more than 2 people should share a bedroom
- Adults and children should have separate bedrooms

Number of bedrooms your household requires: Choose an item.

Preferred Location - Number in order of preference 1- 8

| | | | |
|-------------|--|-----------|--|
| Antigonish | | Liverpool | |
| Bridgewater | | Sydney | |
| Dartmouth | | Truro | |
| Halifax | | Any | |



Accessibility Needs

Please ensure you require accessible housing before answering the following questions. Responding yes to questions in this section will limit the types of buildings you can live in.

Do you or a member of your household require a unit without stairs? Yes No

Do you or a household member have a disability that requires you to have a ground floor unit?

Yes No

Do you have limited physical mobility that requires using a wheelchair fulltime? Yes No

Do you have limited physical mobility but do not require a wheelchair fulltime? Yes No

Priority Access

Are you accessing support services due to Intimate Partner Violence? Yes No

Do you receive life sustaining health services that require access to hospital? Yes No

Are you occupying housing which poses an immediate health or safety risk? Yes No

Are you currently living rough? Yes No

If you checked yes to the above questions please refer to the THA Priority Access Referral Form that aligns with your current situation. If you feel your situation meets the requirements for priority access, fill out the forms, have them signed off by the appropriate person, and include with your application.

Do you own a vehicle that you will need parking for? Yes No

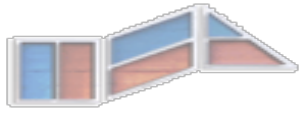
Do you currently have pets? Yes No

8. Declaration and Consent

By signing this declaration and consent, you are entering into a legal agreement with the Tawaak Housing Association (THA).

For THA to process your application:

1. Both the applicant and co-applicant(s) must initial in each box of this form to show they have read and understand each statement
2. Both the applicant and co-applicant(s) must sign this form.

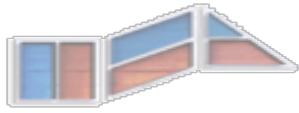


Tawaak Housing Association

Application for Housing

I (we) the person(s) who signed below, solemnly declare by initial that I agree to each:

1. I (we) declare the statements made in this application are true and all documents provided to support this application are unaltered.
2. I (we) understand this application is meant to assess my (our) eligibility for the THA Affordable Housing Program.
3. I (we) will advise THA if any information (e.g., address, household composition, income) in this application changes, as it may affect my (our) eligibility for the THA Affordable Housing Program.
4. I (we) understand that the time it takes to be housed depends on the availability of units in my area that meet my (our) housing needs.
5. I (we) permit THA to investigate any statements I (we) made on this application. This includes contacting anyone else and collecting additional information with or without notice to me. If THA finds any false or misleading statements, my (our) application will be cancelled.
6. I (we) authorize THA to collect, use, keep, disclose and dispose of personal information about me (us) to:
 - a) Assess my (our) application and determine if I (we) am eligible for affordable housing.
 - b) Research, monitor, evaluate and promote programs.
 - c) Detect, investigate, and respond to fraud and illegal activity.
 - d) Otherwise, as allowed under the Nova Scotia Freedom of Information and Protection of Privacy Act.
7. I (we) authorize THA to reveal personal information about me (us) to third parties, for any of the above reasons.
8. I (we) permit any person or entity to reveal personal information about me (us) to THA for any of the above reasons.
9. I (we) understand all these statements and have asked for and received an explanation on every point that was not clear to me (us).



Tawaak Housing Association

Application for Housing

| | Print Name | Signature |
|------------------|------------|-----------|
| Applicant | | |
| Co-Applicant | | |
| Application Date | | |

Contact Information

How can you submit your application?

Email: clientservices@tawaakhousing.ca
tawaak@tawaakhousing.ca

In Person: 6175 Lady Hammond Road
Halifax, NS
B3K 2R9

Questions? (902) 455-2900 x 120