



Tawaak Housing Association

Application for Housing

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://beta.novascotia.ca/sites/default/files/documents/1-3771/household-income-limits-en.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 waiting list based on your application date, just like all new applicants.

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 provided on the last page of this form.

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.

Mailing Address if different

Street No.	Street Name	Apt. No.	City/Town
Province	Postal Code	Email	
Work Telephone	Home Telephone	Cellphone	

ALTERNATE CONTACT

An alternate contact can be a family member, friend, caseworker, or someone you feel comfortable sharing your application details with. We will use this contact if we cannot reach you.

NAME	WHAT IS THIS PERSON'S RELATIONSHIP TO YOU?
TELEPHONE	EMAIL

5. INCOME INFORMATION

- The rent you pay to THA is determined by your household's income and composition. Please provide details about all gross monthly income received by every person or family member in your household before taxes or deductions.
- If your household has more than five members, please photocopy pages 4 and 5 to include income information for all members.
- Ensure that all documented income 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) - 4 pay stubs or a Letter of Employment with details of annual salary, or hourly rate and average hours per pay period					
Canada Pension Plan (CPP)					

Canada Pension Plan – Disability (CPP-D)					
Capital Gains					
Dividends					
Employment Insurance					
Gratuities					
Income Assistance – Budget Sheet					
Investment Income					
Other Income					
Other Pension					
Rental Income					
RRSP/RIF					
Spousal Support (Alimony)					
Student Loan / Student Allowance					
Veteran Pensions & Allowances					
Workers Compensation					
TOTAL Monthly Income					

6. HOUSING HISTORY

CURRENT LIVING SITUATION:

Own
 Renting
 Temporary
 Homeless
 Shelter
 Border
 Incarcerated

RENTAL HISTORY

	YES	NO
Are you receiving a rental supplement from the Department of Municipal Affairs & Housing?	<input type="checkbox"/>	<input type="checkbox"/>
Have you applied for housing with THA before?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been a tenant with THA before?	<input type="checkbox"/>	<input type="checkbox"/>

Landlord History

(If you do not have a current landlord, please provide any previous landlord history within the past 5 years)

LENGTH OF TENANCY	
START DATE (mm/dd/yyyy)	END DATE (leave blank if this is your current address)

LANDLORD NAME	
EMAIL	TELEPHONE

Did you receive an eviction notice (yes/no)	
If yes, what is/was your eviction date (mm/dd/yyyy)	
If yes, the reason for eviction	

7. HOUSING NEEDS

BEDROOM ELIGIBILITY

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

Some things to note:

- No more than two people should share a bedroom.
- Parents and children should have separate bedrooms.

Please select the number of bedrooms your household requires:

1 2 3 4 5

PREFERRED LOCATION – Number the options in order of preference

<input type="text"/>	Halifax Regional Municipality	<input type="text"/>	Liverpool
<input type="text"/>	Truro	<input type="text"/>	Bridgewater
<input type="text"/>	Antigonish	<input type="text"/>	Sydney

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.

	YES	NO
Do you or a member of your household require a unit without stairs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or a member of your household have a disability that requires you to have a Ground unit floor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have limited physical mobility that requires using a wheelchair full time?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have limited physical mobility but do not require a wheelchair full-time?	<input type="checkbox"/>	<input type="checkbox"/>

PRIORITY ACCESS

	YES	NO
Are you accessing support services because of family violence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive life-sustaining health services which you need to live closer to?	<input type="checkbox"/>	<input type="checkbox"/>
Are you occupying housing which poses an immediate health or safety risk?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently living rough?	<input type="checkbox"/>	<input type="checkbox"/>

If you checked “yes” to question 1, 2, 3 or 4 please refer to the THA Priority Access Referral form that aligns with your current situation. If you feel your situation meets the requirements of priority access, fill out priority access referral forms and include it with your application.

	YES	NO
Do you own a vehicle that you will need parking for?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a unit that allows pets?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify what kind of pet(s) you have and how many?

Pet Type (s) _____

Number of Pet(s) _____

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:

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

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).

	Print Name	Signature
Applicant		
Co-Applicant		
Application Date		

Contact Information

How can you submit your application?

Email: tawaak@tawaakhousing.ca

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

Questions? (902) 455-2900