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| <p>Privacy section: Municipal Affairs and Housing (DMAH) is subject to the <i>Access to Information and Protection Privacy Act</i>. Applicants/clients have a right of access to the existence, use and disclosure of their personal information.</p> | <p>Return to: See Appendix A for office drop off locations by region of province.</p> <p>Note: Completed applications will be dated according to the date stamp when received by Municipal Affairs and Housing (DMAH)</p> |
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1. APPLICANT INFORMATION Please complete ALL details in this section; incomplete applications will not be processed.

| | | |
|---------------|-------------------------|------------------------------|
| Last Name | First Name | Marital Status |
| Date of Birth | Social Insurance Number | NS Health Card Number |

CO-APPLICANT

| | | |
|---------------|-------------------------|------------------------------|
| Last Name | First Name | Marital Status |
| Date of Birth | Social Insurance Number | NS Health Card Number |
| Home Phone: | Work Phone: | Mobile Phone: |

MAILING ADDRESS

| | |
|--------------------|----------|
| Street / Apartment | P.O. Box |
| City/Town | Province |
| Postal Code | |

Email Address: _____

Number of dependent children _____. Ages: _____, _____, _____, _____.

I confirm that this is a first home purchase*. Please complete attached Affidavit.

I/We will review the educational material for first-time home buyers provided by Housing Nova Scotia. **Note:** Participation is mandatory for program eligibility.

2. INCOME INFORMATION

If you have been pre-approved for a mortgage, please provide the name of your financial institution and supporting documentation.

Proof of current income for applicant and co-applicant must be attached before the application is processed. You must provide a copy of your previous year's "Option C" (proof of income) printout. This can only be obtained from Canada Revenue Agency by calling 1-800-959-8281.

3. 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 this program. This information will only be disclosed to Municipal Affairs and Housing personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted to process the application. Statistics on Housing programs will be reported at the provincial/regional level and will not personally identify individuals.
3. I/We hereby grant Municipal Affairs and Housing, or its agents, permission to carry out necessary inquiries for the purpose of determining my/our income, assets, liabilities, and credit information.
4. I/We authorize Municipal Affairs and Housing to investigate any or all 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 Municipal Affairs and Housing will be without penalty or liability for damages.
5. I/We understand that this application does not constitute an agreement by Municipal Affairs and Housing or its representatives to provide down payment assistance.
6. I/We further acknowledge the right of Municipal Affairs and Housing 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.

| | | |
|----------------------|------------------------|-------|
| Applicant Signature: | Co-Applicant Signature | 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 the following conditions:
 - never purchased or had an interest in a home before, or
 - has gone through a breakdown of marriage or common-law partnership, or
 - has not occupied a home that either they or their current spouse or common-law partner owned in the last four years.
2. 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

Co-Applicant (if applicable)

APPLICATION CHECKLIST

Have you included the following information along with your signed application and affidavit?

Reminder: Only completed applications will be accepted.

- ✓ 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. Your T-slips should equal the total (\$) amount found on Line 15000 (formerly 150) of your Notice of Assessment.
- ✓ A copy of your Option "C" Report (proof of income statement) 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 applicant and co-applicant.
- ✓ A copy of your most recent pay stubs.
- ✓ A copy of your Pre-Approval for first mortgage financing.
- ✓ A 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, Canadian Armed Forces officers on active duty, Members of the Legislative Assembly of Nova Scotia, municipal chiefs of police, commissioned officers of the RCMP on active service, non-commissioned officers of the RCMP, head of a detachment on active service in Nova Scotia, and funeral directors.
- ✓ A copy of your Agreement of Purchase and Sale.
- ✓ A written verification of employment confirming your date of hire, position, current annual income, employment status (full time, part time, casual, seasonal, term), and the probability for future or continued employment.
- ✓ A signed declaration that you have reviewed the educational materials provided.

APPENDIX A: Department of Municipal Affairs Office Locations

Central Region (covers Halifax Regional Municipality & Hants County)

3770 Kempt Road, Suite 3
Halifax, NS B3K 4X8

Switchboard: 902-424-5110 Toll-free: 1-844-424-5110 Fax: 902-424-2091

Eastern Region (covers Cape Breton Island)

Suite 22, Provincial Building
360 Prince Street
Sydney, NS B1P 5L1

Switchboard: 902-563-2120 Toll-free: 1-844-424-5110 Fax: 902-563-2370

Western Region (covers Annapolis Valley & South Shore)

101 Magee Drive Box 1000
Middleton, NS B0S 1P0

Switchboard: 902-825-3481 Toll-free: 1-844-424-5110 Fax: 902-825-6560

Northern Region (covers Guysborough, Antigonish, Pictou, Cumberland, & Colchester Counties)

7 Campbell's Lane
New Glasgow, NS B2H 2H9

Switchboard: 902-755-5065 Toll-free: 1-844-424-5110 Fax: 902-752-7133