

# Application – Homeowners

## Canada-Nova Scotia Targeted Housing Benefit (CNSTHB)

The Homeowner CNSTHB is a program that is jointly funded by the Department of Municipal Affairs and Housing (DMAH) and the Canada Mortgage and Housing Corporation (CMHC) under the National Housing Strategy

**You must complete the required fields of this application and mail it, along with all required documents to:**

Department of Municipal Affairs and Housing  
 Attention: Housing Benefit Unit  
 P.O. Box 702 Stn. Central  
 Halifax, NS B3J 2T3

<p><b>For Office Use Only</b></p> <p>Date:</p> <p>Rec. by:</p>
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### 1. Are you eligible?

**Do you own your home? Do you spend at least half of your income to run it?**

You may be eligible for the Homeowner CNSTHB—a monthly benefit that makes living in your home more affordable.

The Homeowner CNSTHB is funded under the National Housing Strategy Bilateral Agreement, which concludes March 31, 2028. Funding for this program is subject to annual provincial budget appropriations and compliance with Bilateral Agreement requirements. You must renew your application each year to continue receiving the Homeowner CNSTHB.

You are eligible for the Homeowner CNSTHB if you meet all of these conditions:

- You are a permanent resident of Nova Scotia and have status in Canada.
- You own or have a life interest in the property, and you live and continue to live in the home.
- You spend at least 50 per cent of your gross income (before taxes) on shelter costs (mortgage, home insurance, property taxes, condo fees, electricity, heat, water, or other municipal services). • A flat rate of 1% of the capped assessed value of your home calculated monthly, will be added for maintenance costs.
- Your total gross household income is within household income limits set by DMAH based on where you live and the size of your household. DMAH will use the information in this application to determine if your income qualifies.
- The current taxable assessed value of your property is less than \$300,000 if it's in HRM and less than \$200,000 in any other part of the province.
- You are not part of a household that lives in public housing or receives rent supplements.
- You do not owe money to DMAH or the Nova Scotia Provincial Housing Agency and neither does any member of your household. If any of you do, the arrears must be paid in full, or arrangements must be made to settle the arrears before your application will be assessed.
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- If you are a low-income student, you have a physical disability and continuing to stay in your home will help you go to school *and/or* a full-time student with dependents.

### 2. How to fill out this application

- You must provide proof of income.** The table at the end of this application will tell you which documents you must provide.
- You must provide proof of shelter costs** (a copy of mortgage payments, property taxes, condominium fees, electricity, heat, water, home insurance, or other municipal services).
- Read section 6 (Declaration and Consent) carefully.
- You and your spouse/co-applicant (if you have one) must sign page 4 of this application.**
- A witness must sign page 4 the application.** A witness should have legal capacity, be of legal age and be able to identify the signatory.

### 3. Household Information—Please tell us who currently lives with you.

The amount of benefit you receive is based, in part, on how many people live in your house. Please provide information about **yourself, your spouse and all other adults and children** who live in your household.

Your spouse is the person you are married to or live with in a marriage-like relationship (common-law). Your spouse is your

co-applicant.

Name (First, Middle, and Last)	Date of Birth (dd/mm/yyyy)	Gender	Relationship to Applicant	Marital Status	Social Insurance Number (SIN)	Student (Yes/No)
	dd/mm/yyyy		Applicant		/ /	
	dd/mm/yyyy				/ /	
	dd/mm/yyyy				/ /	
	dd/mm/yyyy				/ /	
	dd/mm/yyyy				/ /	
	dd/mm/yyyy				/ /	

**Current Address**

Street No.	Street Name	Apartment No.	City/Town
Postal Code	County	Nova Scotia	
Email	Home Telephone	Work/ Daytime Number	

**Mailing Address (if different from current address)**

Street No.	Street Name	Apartment No.	City/Town
Postal Code	County	Nova Scotia	
Email	Home Telephone	Work/ Daytime Number	

How do you prefer to be contacted?  Email  Mail  Telephone

**Alternate Contact:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

What is this person's relationship to you? \_\_\_\_\_

**Please provide the following shelter costs and how often you pay them. Attach a copy of bills to show us how much each service costs.**

	Monthly	Every two months	Every three months	Twice a year	Annually
Property Taxes					
Mortgage					
Condo Fees					
Water					
Electricity					
Heat					

Home Insurance					

**4. Self-Identification—optional, we encourage you to fill this section out**

Please check the box or boxes that best describe how you, and people who live in your household, self-identify. This will make us more aware of the diversity of the population and communities we serve and will help us serve them better.

- Indigenous persons (anyone who considers themselves to be Mi'kmaw/other First Nations, Metis, or Inuit)
- Individuals at risk of homelessness
- Immigrants or refugees who have been in Canada for fewer than 5 years.
- Individuals dealing with mental health and addiction issues.
- Individuals with disabilities
- Racialized communities (a person or community who faces systemic or other barriers in historical and contemporary society based on racial prejudice of society)
- Seniors (58 years old and over)
- Survivor of Gender Based Violence
- Veterans (person who has served in the military)
- Women and children fleeing domestic violence.
- Young adults (under 25 years old)

**5. Income Information**  
*Please tell us about current income for all members of your household.*

The amount of benefit you receive is based, in part, on your household income.  
 Please state all **MONTHLY** income received by all persons/family members in the household **BEFORE** deductions.

	Household Member Name	Household Member Name	Household Member Name	Household Member Name
Income Type	Amount	Amount	Amount	Amount
Gross Employment Income				
Canada Pension Plan (CPP)				
Canada Pension Plan–Disability (CPP-D)				
Capital Gains				
Caregiver Benefit				
Disability Support Program				

Dividends				
Employment Insurance				
Income Assistance				
Interest Income				
Old Age Security (OAS)/Guaranteed Income Supplement (GIS)/Spousal Allowance				
Other Income				
Other Pension				
Rental Income				
RRSP/RIF				
Skills Development (SD) Program/ Self-employment Benefit (SEB) Program/ Training Allowances				
Spousal Support (alimony)				
Veterans Benefits				
Workers' Compensation Benefits				

## 6. Declaration and Consent

This section is your legal agreement with the Department of Municipal Affairs and Housing. Read it carefully, then sign below. Both the applicant and co-applicant must sign. A witness must also sign this Application form. A witness should have legal capacity, be of legal age and be able to identify the signatory.

### Declaration

I (we), the person(s) who signed below, swear to the following:

1. The information I (we) provided in this application is complete and true; and I (we) can provide documents to prove that.
2. I (we) give permission to the Department of Municipal Affairs and Housing to investigate any or all of the statements I (we) made on this application. If the Department of Municipal Affairs and Housing finds any false or misleading statements, they can cancel this application without penalty (I/we cannot hold the Department of Municipal Affairs and Housing liable for damages).
3. I (we) will use the money from the Homeowner CNSTHB for housing purposes and understand that I (we) will only receive the benefit as long I (we) and the members of my (our) household remain eligible.
4. I (we) understand that the benefits from this program will be paid on or before the first of every month.
5. I (we) understand that I (we) must renew our application for this benefit with the Department of Municipal Affairs and Housing at least once a year. **If I (we) do not do that, the benefit may be cancelled.**
6. I (we) understand that I (we) must provide all required documentation within 90 days of notification of missing documentation. If I (we) do not do that, the application will be closed.
7. I (we) understand that, if I (we) receive the Homeowner CNSTHB, it must be recorded as part of my net income on my tax return. I (we) understand that the Department of Municipal Affairs and Housing will issue a T5007 Statement of Benefits form to me (us) that identifies the Homeowner CNSTHB as Social Assistance income. I (we) understand that the income shown on the T5007 form is not taxable.
8. I (we) had an opportunity to discuss anything that I (we) did not understand in this application.
9. I (we) have read, understood, and agree to every statement in this declaration.

### Consent

I (we), the person(s) who signed below, acknowledge, and agree with the following:

1. I (we) must advise the Department of Municipal Affairs and Housing if any of the information (such as address, income, etc.) I (we) gave in this application changes and must provide any supporting materials required for this application.
2. I (we) understand that the Department of Municipal Affairs and Housing will collect, use, and share the personal information I (we) provided in this application for the sole purpose of determining my (our) eligibility for the Homeowner CNSTHB program and for managing the program. This usage is covered by the Freedom of Information and Protection of Privacy Act.
3. I (we) authorize the Department of Community Services to verify to the Department of Municipal Affairs and Housing that I (we) receive income from the Income Assistance and/or Disability Support Program. The Department of Community Services may do this either electronically, or in writing to show that I (we) qualify for the Homeowner CNSTHB program in the detail required.
4. I (we) authorize the Canada Revenue Agency (CRA) to release any information needed for this application, such as income(s) and personal income tax return(s), to the Department of Municipal Affairs and Housing to verify my (our) eligibility for the Homeowner CNSTHB program. CRA can do this either verbally, electronically or in writing.
5. I (we) give the Department of Municipal Affairs and Housing, or its agents, permission to do what is necessary to determine my (our) income, property value and property ownership. This includes contacting Property Valuation Services Corporation and/or Property Online.

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**CO-APPLICANT'S SIGNATURE** \_\_\_\_\_

**WITNESSED BY:** \_\_\_\_\_ *(signature)*

\_\_\_\_\_ *Name of Witness, Printed*

**APPLICATION DATE** \_\_\_\_\_

Source of income	Provide the following documents
<p>Employment:</p> <ul style="list-style-type: none"> <li>Regular full-time and/or part-time employment income</li> </ul>	<ul style="list-style-type: none"> <li>A minimum of 4 weeks' worth of pay stubs or a year-to-date pay stub. If weekly, pay stubs must be current and for back-to-back weeks. Pay stubs must show your name, employer's name, and address, and which pay periods are covered.</li> <li><b>If you do not receive pay stubs</b>, send us a letter from your employer stating <ul style="list-style-type: none"> <li>the date you were hired</li> <li>your gross annual income including any overtime pay or bonuses, or rate of pay</li> <li>hours scheduled to work each week</li> <li>gross monthly salary</li> </ul> </li> <li>This letter must be on company letterhead, recently dated, and contain the telephone number and signature of the letter writer.</li> </ul>
<p>Employment:</p> <ul style="list-style-type: none"> <li>Commissions, tips, gratuities, or bonuses</li> </ul>	<ul style="list-style-type: none"> <li>A document showing the gross amount (before deduction) received during the past 12 months. You must swear to this document.</li> </ul>
<p>Employment:</p> <ul style="list-style-type: none"> <li>Fluctuating employment income (contract, short-term, intermittent)</li> </ul>	<ul style="list-style-type: none"> <li>For the first year of fluctuating employment income, provide current, back-to-back pay stubs every 3 months. Pay stubs must show your name, your employer's name, and address, and which pay periods are covered.</li> <li>After the first full year, provide most recent notice of assessment from the Canada Revenue Agency.</li> </ul>
<p>Employment:</p> <ul style="list-style-type: none"> <li>Self-employment Income</li> </ul>	<ul style="list-style-type: none"> <li>If you have been self-employed for less than one year, provide an unaudited financial statement every 3 months.</li> <li>If self-employed for one year or longer and your business is <u>not</u> incorporated, provide <ul style="list-style-type: none"> <li>the most recent working copy of Canada Revenue Agency personal income tax return (T1 General), <b>AND</b></li> <li>statement of business activities, <b>AND</b></li> <li>notice of assessment</li> </ul> </li> <li>If self-employed for one year or longer and business is incorporated, provide <ul style="list-style-type: none"> <li>T4 and T5 slips for the individual employment income and/or dividend income you received from the business, OR</li> <li>a copy of most recent Canada Revenue Agency personal income tax return <b>AND</b> notice of assessment</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Canada or Provincial Pension (CPP, CPP-D)</li> <li>Old Age Security (OAS)</li> <li>Guaranteed Income Supplement (GIS)</li> <li>Spousal Allowance</li> <li>Veterans Benefits</li> <li>Long-term disability payments from private insurance company</li> <li>Other pensions</li> </ul>	<ul style="list-style-type: none"> <li>A copy of a current cheque stub that shows the gross amount of income and how often it is paid, OR</li> <li>A slip issued for income tax purposes showing the most recent annual amount of the pension, disability, or annuity income (e.g., T4A, T4A, OAS, T5007), OR</li> <li>A letter from the pension or allowances income manager stating the amount of the monthly gross payment, OR</li> <li>Most recent notice of assessment from Canada Revenue Agency, if it covers the full pensions received for a full year</li> </ul>
<p>Capital Gains</p>	<ul style="list-style-type: none"> <li>Documents that verify capital transaction</li> </ul>
<p>Caregiver Benefit</p>	<ul style="list-style-type: none"> <li>Current copy of benefit statement</li> </ul>
<p>Dividends</p>	<ul style="list-style-type: none"> <li>Copy of T5, T4PS, or T3 tax forms.</li> </ul>
<p>Employment Insurance (EI)</p>	<ul style="list-style-type: none"> <li>Current benefit statement or letter showing gross weekly amount received, OR</li> <li>EI statement printout from your web account showing the weekly gross amount (before deductions) and period covered</li> </ul>

<ul style="list-style-type: none"> <li>• Income Assistance (IA)</li> <li>• Disability Support Program (DSP)</li> </ul>	<ul style="list-style-type: none"> <li>• Current copy of benefit summary</li> </ul>
Interest Income	<p>For interest-bearing bank/trust/credit union accounts (personal chequing account and/or savings):</p> <ul style="list-style-type: none"> <li>• Copy of all current passbooks or monthly bank statements showing total interest earned in the past 12 months (must show the account number and name of the account holder)</li> <li>• T3 or T5 slips issued by a bank or credit union for tax purposes, OR</li> <li>• A letter from a bank or credit union describing the amount of interest earned in the past year</li> </ul> <p>For investment income:</p> <ul style="list-style-type: none"> <li>• Cheque stubs or copies of cheques, OR</li> <li>• Copy of most recent T5 tax form or investment statements</li> <li>• Mutual fund company statements with value of investment</li> </ul> <p>For guaranteed income certificates (GIC), term deposits, treasury bills, bonds, debentures, and similar savings investments:</p> <ul style="list-style-type: none"> <li>• Letter from a bank or credit union, OR</li> <li>• Documents or certificates from bank or credit union showing principal amount of investment, interest rate, amount of interest earned, date of issue, and term and identifying serial number</li> <li>• Most recent T3 or T5 slips issued for tax purposes</li> </ul>
Other Income	<p>For annuities:</p> <ul style="list-style-type: none"> <li>• A slip issued for income tax purposes showing the most recent annual amount of the annuity income (T4A)</li> </ul> <p>For immigration sponsorship:</p> <ul style="list-style-type: none"> <li>• A statement from Citizenship and Immigration Canada and a statement from your sponsor showing the amount of support, OR</li> <li>• A letter from your sponsor specifying the monthly amount of financial support being provided</li> </ul> <p>For other country social security:</p> <ul style="list-style-type: none"> <li>• A current copy of your benefit statement</li> </ul>
RRSP/RRIF	<ul style="list-style-type: none"> <li>• A current statement from the RRIF fund holder (bank or investment firm) showing the gross amount of monthly/annual withdrawals, OR</li> <li>• The T4RIF slip issued for the most recent year's income tax return</li> </ul>
Skills Development (SD) Program, Self-employment Benefit (SEB) Program, Training Allowances	A copy of the full agreement showing all benefits you received during the agreement.
Spousal Support Payments	<ul style="list-style-type: none"> <li>• A copy of the support agreement prepared and signed by a lawyer and both parties, OR</li> <li>• A copy of the court order, OR</li> <li>• A letter from a lawyer if there is no support agreement or court order, OR</li> <li>• • A sworn statement of how much financial support you currently receive and how often you receive it</li> </ul>
Workers' Compensation Board (WCB) Benefit	<ul style="list-style-type: none"> <li>• A current letter from WCB stating the gross payment amount, OR</li> <li>• A current cheque stub showing the covered gross amount of payment</li> </ul>