

For Department of Municipal Affairs and Housing (DMAH) Use Only	
Date Received: _____	Case ID: _____

1. APPLICANT INFORMATION		
Last Name	First Name	Middle Name
Date of Birth	Social Insurance Number (SIN)	DMAH requires SIN to operate its programs & services.
Phone No. 1	Phone No. 2	Email
	Health Card Number (HCN)	Required for proof of residency.
CO-APPLICANT INFORMATION		
Last Name	First Name	Middle Name
Date of Birth	Social Insurance Number (SIN)	DMAH require SIN to operate its programs & services
Phone No. 1	Phone No. 2	Email
	Health Card Number (HCN)	Required for proof of residency.
APPLICANT ADDRESS (Must be the same location as the planned Secondary &/or Backyard Suite)		
Number	Street	Unit/Suite/ P.O. Box
City/Town/Community	Province	Postal Code

ABOUT THE SINGLE-FAMILY DWELLING

What type of property do you live in?

- Detached house
 Semi-detached house
 Duplex
 Townhouse

Property tax account up to date?

- Yes
 No
 (Please provide verification)

Mortgage payments up to date? Yes No (Please provide verification)

ABOUT THE PROPOSED SECONDARY &/OR BACKYARD SUITE

Type of unit to be created: Secondary Suite Backyard Suite

Do municipal bylaws allow for the creation of the proposed Secondary &/or Backyard Suite?

Yes No I do not know

Number of bedrooms: _____

FUNDING FROM OTHER SOURCES

Please provide information on other sources of funding, in any form received or expected to be received (including equity & debt financing):

OCCUPANCY & RENTAL CONDITIONS

If renting to a non-family member, a lease agreement is required between the homeowner landlord & the tenant with the rental rate of not more than 80% of Average Market Rents, as set by the Canada Mortgage & Housing Corporation for the community where the homeowner resides. If renting to an immediate family member, a lease agreement is required but the rental rate may be one that is determined by the homeowner and their family member.

Proposed rental rate for the Secondary &/or Backyard Suite: \$ _____

Services included in rent rate:

Heating Electricity Water Hot Water

APPLICANT HOMEOWNER RESPONSIBILITIES & DECLARATION

As the Applicant & Homeowner(s) of the property, I/we acknowledge & agree to the following:

1. Prior to completing the Program application, I/we will contact the Municipal Building Department to verify the property is properly zoned for Secondary &/or Backyard Suite.
2. I/We am/are responsible for hiring & managing all contractors & are required to submit all receipts & invoices to DMAH.
3. I/We will obtain all approvals/permits related to the creation of the Secondary &/or Backyard Suite, including Municipal Building Permits, Municipal Building Department approval of drawings, Electrical Safety Authority (ESA) permits & inspections, plumbing permits, & all other related approvals/permits. I/We also acknowledge & agree to comply with all relevant Fire Code requirements.
4. Obtain two (2) quotes for the construction of the Secondary &/or Backyard Suite, including contractor Workers' Compensation Board (WCB) of Nova Scotia & insurance coverage, & forward to DMAH for review.
5. When Approval is received from DMAH, I/we am/are required to sign an Operating Agreement & Loan Agreement & related documentation (promissory note), outlining the scope of work, funding amount(s), roles & responsibilities.
6. I/We agree to start work within 90 days of receiving final approval in writing.
7. I/We agree to pay for, or arrange for financing for, any costs not funded under the Program.
8. I/We agree to allow inspections by DMAH &/or its authorized representatives & agents at mutually agreed upon times during the work. Municipal occupancy permit(s) may serve as a substitute for a final inspection. I/We understand that any inspections conducted by DMAH &/or its authorized representatives are for internal administrative purposes only & provide no guarantee or assurance of compliance with any applicable building code or standards.
9. I/We agree to keep the rent within the AMR for the program as updated from time to time by DMAH, unless the suite is rented by an immediate family member.
10. I/We hereby confirm that I am/we are the owner(s) of the dwelling, & no other person is an owner.
11. I/We hereby confirm that I am/we are occupying the Single-Family Dwelling where the Secondary &/or Backyard Suite & will be created & will continue to occupy the Single-Family Dwelling during the up to five (5) year forgivable loan period.
12. I/We have attached all required supporting documentation to my/our application.
13. I/We hereby confirm that, to the best of my/our knowledge, the information provided is complete & accurate in every respect.
14. I/We agree to adhere to all the Program requirements, rules, & timelines throughout the process, & if applicable, during the up to five (5) year forgivable loan period.
15. I/We have read, understand, & agree to the terms & conditions listed above.

Print Name

Signature

Date

Print Name

Signature

Date

TENANT HOUSEHOLD INCOME LIMITS

Household Income Limits			
Housing Services	1 Bedroom	2 Bedroom	3 Bedroom
Eastern	\$ 57,500	\$ 66,000	\$ 78,000
Northern	\$ 57,500	\$ 66,000	\$ 78,000
HRM	\$ 47,000	\$ 60,000	\$ 67,500
Western	\$ 57,500	\$ 66,000	\$ 78,000

Eastern Region – Cape Breton Island

Northern Region – Guysborough, Antigonish, Pictou, Cumberland, & Colchester Counties

Central Region – Halifax Regional Municipality

Western Region – Annapolis Valley, South Shore, Hants Counties

MAXIMUM RENTAL RATE

Housing Services Region	Location	Bachelor		1 Bedroom		2 Bedroom		3 Bedroom	
		AMR	80% AMR	AMR	80% AMR	AMR	80% AMR	AMR	80% AMR
Eastern	CBRM (excluding Sydney)	\$ 667	\$ 534	\$ 725	\$ 580	\$ 872	\$ 698	\$ 1,276	\$ 1,021
	Sydney	\$ 673	\$ 538	\$ 759	\$ 607	\$ 927	\$ 742	\$ 1,339	\$ 1,071
	Remainder of Cape Breton Island	\$ 583	\$ 466	\$ 668	\$ 534	\$ 789	\$ 631	\$ 934	\$ 747
Northern	Truro CA (map)	\$ 668	\$ 534	\$ 746	\$ 597	\$ 943	\$ 754	\$ 1,137	\$ 910
	Cumberland County & Remainder of Colchester County	\$ 668	\$ 534	\$ 746	\$ 597	\$ 943	\$ 754	\$ 1,137	\$ 910
	New Glasgow CA (map)	\$ 573	\$ 458	\$ 701	\$ 561	\$ 837	\$ 670	\$ 1,036	\$ 829
	Guysborough & Antigonish Counties, & Remainder of Pictou County	\$ 573	\$ 458	\$ 701	\$ 561	\$ 837	\$ 670	\$ 1,036	\$ 829
Central	Hants County & Remainder of Halifax County	\$ 990	\$ 792	\$ 1,157	\$ 926	\$ 1,449	\$ 1,159	\$ 1,690	\$ 1,352
	Halifax CMA (map)	\$ 905	\$ 724	\$ 1,100	\$ 880	\$ 1,405	\$ 1,124	\$ 1,668	\$ 1,334
	Dartmouth/Cole Harbour	\$ 827	\$ 662	\$ 978	\$ 782	\$ 1,272	\$ 1,018	\$ 1,322	\$ 1,058
	Bedford/Sackville	\$ 913	\$ 730	\$ 1,169	\$ 935	\$ 1,252	\$ 1,002	\$ 1,695	\$ 1,356
Western	Kentville CA (map)	\$ 629	\$ 503	\$ 686	\$ 549	\$ 855	\$ 684	\$ 1,123	\$ 898
	Remainder Annapolis Valley & South Shore	\$ 661	\$ 529	\$ 772	\$ 618	\$ 1,037	\$ 830	\$ 1,123	\$ 898

CA – Census Agglomeration

CMA – Census metropolitan areas

CBRM – Cape Breton Regional Municipality