

Date:

Rec'd By:

Appt. #:



Survivors of Gender-Based Violence

A new benefit has been added to the Department of Municipal Affairs and Housing (DMAH) housing support programs for survivors of gender-based violence (SGBV). Please refer to the program guide for more information.

This program is jointly funded by the Governments of Canada and Nova Scotia through a bi-lateral agreement under the National Housing Strategy.

Are you eligible?

To receive a SGBV benefit, you must meet the following criteria:

	YES	NO
You are planning to or have left your home due to a situation that has put you at risk.	<input type="radio"/>	<input type="radio"/>
You have or will seek support of a transition house or referral agency (see program guide).	<input type="radio"/>	<input type="radio"/>
You are a resident of Nova Scotia and you are living in the province.	<input type="radio"/>	<input type="radio"/>
You are or will be renting a self-contained unit (has its own entrance, kitchen, bathroom etc.)	<input type="radio"/>	<input type="radio"/>
You or any member of your household are not currently receiving a rent supplement.	<input type="radio"/>	<input type="radio"/>
You are a Canadian Citizen or hold Permanent Resident status.	<input type="radio"/>	<input type="radio"/>
You are not living in Public Housing.	<input type="radio"/>	<input type="radio"/>
You do not owe money to the Department of Municipal Affairs and Housing or to the Nova Scotia Provincial Housing Agency. *	<input type="radio"/>	<input type="radio"/>

*Note: If you do owe money, the balance must be paid in full, or you must make and adhere to an arrangement to pay the debt before you can be eligible for the benefit.

Applicant information

First Name	
Middle Name	
Last Name	
Social Insurance Number	
Date of Birth	

Household Information

Please complete this section for each person that will be living with you.

Name	Date of Birth	Relationship to Applicant	Social Insurance Number

Where will you be living?



I do not have this information right now. (No problem – you can still submit your application- and have 90 days to send us the information. A benefit will not be paid until you provide a copy of your lease or proof of rental.)

Street	Apartment #
Town	
Province	Postal Code

Mailing address:

Same as Above	
Street	Apartment #
Town	
Province	Postal Code

How would you prefer we communicate with you? Please only provide us with contact information where it is safe to contact you.

Telephone	
Email	
Alternate contact	
Other, please specify	

How to submit your application

- Complete all the fields identified in this application.
- Have a referral agency complete the Referral Agency Attestation form.
- Complete the [Electronic Funds Transfer \(EFT\)](#) document and send a void cheque so we may deposit funds into your bank account.
- Include a copy of your lease agreement or proof of rental.
- Email these documents to: gbvprogram@novascotia.ca

If you have any questions or need help completing this application email gbvprogram@novascotia.ca or call 902-219-3228

Privacy Notice

DMAH will collect, use, and disclose the personal information provided in this application as authorized by the Freedom of Information and Protection of Privacy Act for the sole purpose of determining my eligibility for the benefit and for managing the program. This usage is covered by the Freedom of Information and Protection of Privacy Act.

We will use the personal information requested for the sole purpose of determining your eligibility for the benefit and for managing the program (for example, communicate with you, confirm your income with other government departments). Your personal information will only be used or disclosed for another purpose if we are authorized by law to do so or if we obtain your express consent.

To read more about how the Province of Nova Scotia respects your privacy when interacting with us review our full [privacy statement](#). For questions about how your personal information is handed in relation to this service you may contact gbvprogram@novascotia.ca.

Declaration

This section is your legal agreement with DMAH. Read it carefully, then sign below. I, the person who signed below, swear to the following:

1. The information I provided in this application is complete and true; and I can provide documents to prove that.
2. I give permission to DMAH to investigate any or all the statements I made on this application. If DMAH finds any false or misleading statements, DMAH can cancel this application without penalty (I cannot hold DMAH liable for damages).
3. I will use the money from the SGBV for housing purposes and understand that I will only receive the benefit as long I remain eligible.
4. I understand that the benefits from this program will be paid on or before the first of every month.

5. I understand that I must renew my application for this benefit with DMAH at the end of the first year. If I do not do that, the benefit may be cancelled. I understand that the benefit that I may receive in the second year is based on my income, number of bedrooms based on the number of people in my family, and the lesser of my actual rent or the Average Market Rent plus 10% for the area in which I live. I understand that after the third year if I wish to continue to receive help for rental costs, I must apply for a rent supplement and meet that program's criteria.

6. I understand that I must provide all required documentation within 3 months of notification of missing documentation. If I do not do that, the file will be closed.

7. I understand that I may not receive a benefit when I am a tenant in public Housing, if applicable. I agree to notify DMAH immediately when I am offered a public housing unit so arrangements can be made to end the benefit as soon as I move into the public housing unit.

8. I understand that if my situation changes, I must inform the Department of Municipal Affairs and Housing within 30 days of that change and must provide any supporting materials required for this application.

9. I understand that if I receive the benefit, it must be recorded as part of my net income on my tax return. I understand that DMAH will issue a T5007 Statement of Benefits form to me that identifies the SGBV as social assistance income. I understand that the income shown on the T5007 form is not taxable.

10. I understand that DMAH may verify with the Department of Community Services that I receive income from the Income Assistance and/or Disability Support Program. DMAH may do this either electronically, or in writing to show that I qualify for the SGBV program in the details required provided.

11. I understand that DMAH may verify with the Nova Scotia Provincial Housing Agency (NSPHA) that I am not currently in a public housing unit or owe NSPHA any monies.

12. I understand that DMAH may verify with the Canada Revenue Agency (CRA) to release any information needed for this application, such as income(s) and personal income tax return(s) to DMAH to verify my eligibility for this benefit. The CRA can do this either electronically, verbally, or in writing.

13. I had an opportunity to discuss anything that I did not understand in this application.

14. I have read, understood, and agree with every statement in this declaration.

Applicant Signature

Date