



## Housing Repair Program & Accessible Housing Program Application Form

This application may be used to apply for the [Housing Repair Program](#) and/or the [Accessible Housing Program](#). Please indicate which program you are applying to (select all that apply):

☐ Housing Repair Program

☐ Accessible Housing Program

**A. Please ensure that this application is completed and signed by all household members over the age of 19.**

Primary Applicant Information		
Full name (first, middle, last)		
Legal name (if different)		
Social Insurance Number	Date of Birth (dd/mm/yyyy)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law
Phone Number	Email Address	
MAILING ADDRESS - Street number and name (or P.O. Box or RR#)		
City/Town	Province	Postal Code
CIVIC ADDRESS (if different than mailing) - Street number and name (or P.O. Box or RR#)		
City/Town	Province	Postal Code

**Is there someone you would like us to contact on your behalf regarding this application?**

☐ Yes

☐ No

If yes, please provide their contact information and make sure they are aware that we will be contacting them:

**Name:**

**Phone Number:**

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Co-Applicant Information		
Full name (first, middle, last)		
Legal name (if different)		
Social Insurance Number	Date of Birth (dd/mm/yyyy)	Relation to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Common law partner <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Adult Child <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative
Phone Number		Email Address

**Are you and/or co-applicant the registered owner of or hold a life interest in this house?**

☐ Yes ☐ No

**How long have you lived in your house?**

**Are there other registered property owner(s) who do not live in this house?**

☐ Yes ☐ No

**Are you or the co-applicant Indigenous and live off-reserve?**

☐ Yes ☐ No

**Please note:** The Native Council of Nova Scotia processes applications to the Housing Repair Program from Indigenous applicants living off-reserve on behalf of the Department of Growth and Development (DGD). If you answered yes to this question, do you consent to DGD sharing your application with the Native Council of Nova Scotia?

☐ Yes ☐ No

**Do you and the co-applicant own other property?**

☐ Yes ☐ No

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## B. Household Composition

Household Composition (number of people living in the home)					
Household composition is used to determine income eligibility for the program. Income for each person living in the household over the age of 19 (and not in school) is counted. Income eligibility is also determined by the number of bedrooms required based on household composition. Please review Appendix A: Household Income Limits in the Housing Repair Program Guide or the Accessible Housing Program Guide for more information. Please do not provide Social Insurance Numbers (SINs) for anyone under 19 unless they are not in an educational program.					
Please identify all people living in the home, not including the applicant and co-applicant already identified in section A.					
Name (first & last)	Relationship to applicant	Date of Birth (dd/mm/yyyy)	In School?	Identified Gender	Social Insurance Number

Have you previously received grants or loans from government for home repairs or accessibility adaptations?

☐ Yes

☐ No

If so, under what name:

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### A. Housing Repair Requests

Complete this section if you are applying to the Housing Repair Program.

**Is this request an emergency (as defined in the Housing Repair Program Guide)?**

☐ Yes

☐ No

<b>If yes, please identify which emergency repairs are required.</b>		
<b>Use the column below the blue arrow to select all that apply to your situation.</b>		
<b>Structural</b>	Collapsing or severely damaged walls, ceilings, or floors	<input type="checkbox"/>
	Roof leaks causing significant interior damage or structural compromise	<input type="checkbox"/>
	Foundation failure or major cracks compromising stability	<input type="checkbox"/>
	Broken or missing support beams	<input type="checkbox"/>
<b>Electrical</b>	Power outage due to faulty internal wiring (not a utility issue)	<input type="checkbox"/>
	Exposed or sparking wires posing a fire risk	<input type="checkbox"/>
	Circuit panel failure or overload causing unsafe conditions	<input type="checkbox"/>
	Electrical fire hazards (e.g., burnt outlets, smoke from wiring)	<input type="checkbox"/>
<b>Plumbing</b>	Burst pipes leading to flooding or major water damage	<input type="checkbox"/>
	Sewage backups causing health hazards	<input type="checkbox"/>
	No running water due to system failure	<input type="checkbox"/>
	Major leaks that threaten structural integrity	<input type="checkbox"/>
<b>Heating</b>	Non-functional primary heating system during cold weather	<input type="checkbox"/>
	Gas leaks from heating appliances	<input type="checkbox"/>
	Chimney blockages causing carbon monoxide risks	<input type="checkbox"/>
	Malfunctioning or unsafe furnaces/boilers	<input type="checkbox"/>
	Lack of hot water due to critical heating system failure	<input type="checkbox"/>
<b>Fire Safety</b>	Blocked or non-operational fire exits	<input type="checkbox"/>
	Faulty or outdated electrical wiring prone to sparking	<input type="checkbox"/>

**If this request is a health and safety request (as defined in the Housing Repair Program Guide) or is a request not identified on the list above, please use this section to tell us about your repair needs.**

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## B. Accessible Housing Requests

Complete this section if you are applying to the Accessible Housing Program.

**Is this request an emergency? An emergency under this program is defined as adaptations required to enter the home. Please select all that apply:**

- ☐ ramp
 ☐ chair lift  
☐ widened door

Please identify the other adaptations you require.		
<b>Kitchen</b>	Adaptations to make your kitchen accessible. Please indicate what is required in the space provided.	
<b>Bathroom</b>	Adaptations to make your bathroom accessible. Please indicate what is required in the space provided.	
<b>Other</b>	<b>Other adaptations include:</b>	<b>Check all that apply:</b>
	Moving the laundry room to a more accessible floor	<input type="checkbox"/>
	Interior stair lifts	<input type="checkbox"/>
	Replacing wood heat (where homeowner cannot lift wood)	<input type="checkbox"/>

## C. Applicant Checklist

For each household occupant over the age of 19, please be sure to include:

- a copy of a Notice of Assessment and tax slips for the current tax year or an Option C (Proof of Income Statement) for household members **under the age of 65**
- a copy of your Notice of Assessment or an Option C (Proof of Income Statement) for the current tax year for household members **over the age of 65**
- investment statement(s) and bank statements if the applicant or co-applicant have investment income reported on their income taxes
- three years of Notice of Assessment/Option Cs plus Statement of Business Activities **for those who are self or seasonally employed**
- a Child Tax Benefit Statement for the current year **if there are dependents in the home**
- A copy of your current municipal property tax statement. If taxes are owing, provide proof of a payment plan that has been in place for at least three months.
- **For condo owners** requesting common space adaptations (entering the building) under the Accessible Housing Program, permission in writing from your strata or condo board

## Applicant Declaration

As homeowner(s) and occupants of the property identified in Section A of this application, I/we understand and declare that:

- All the information contained in this application is complete and accurate in every respect.
- The discovery of any false statements made in the application may result in the cancellation of this application and that such action by the Department of Growth and Development (DGD) will be without penalty or liabilities for damages.
- DGD may carry out any necessary inquiries to verify the information provided in this application and to obtain additional information on income, property, financial assets, liabilities, and credit to determine eligibility to receive program funding. DGD will verify home ownership using Property Online. DGD will communicate with you prior to conducting a credit check, if it is determined to be necessary.
- An inspection of this property may be undertaken as required by an authorized representative from DGD, on the understanding that any inspections conducted are for program administrative purposes only. Inspections provide no guarantee or

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assurance of compliance with any applicable building codes or standards, or the construction methods or materials used.

- Acknowledge that any work carried out before written confirmation of approval is received is not eligible for assistance.
- All contractual arrangements will be between me/us and the contractor(s), and that approved funding will be paid directly to the contractor(s) by DGD upon receipt of a signed Confirmation of Work form.
- This application does not obligate DGD to approve program funding.

### Privacy Statement

When you submit your application, the personal information provided above is collected by the Department of Growth and Development (DGD) as authorized by the Freedom of Information and Protection of Privacy (FOIPOP) Act.

DGD will use the personal information for the sole purpose of determining your eligibility for the program and for managing the program (for example, communicate with you and provide funding). 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 1-844-424-5110.

☐ I/we have read, understood, and agree to these statements and terms:

Applicant Name

Date

Co-applicant Name

Date

**Please see next page for additional signature spaces, if required.**



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Please have all household members over the age of 19 review the Application Declaration and Privacy Statement and sign here.

Name

Date

Name

Date

Name

Date

Name

Date

Name

Date



**Return the completed application & supporting documents to the location serving you**

**Central Office**

Serving the Halifax Regional Municipality and Hants County  
3770 Kempt Road, Suite 3  
Halifax, Nova Scotia, B3K 4X8  
Toll-free: 1-844-424-5110  
Switchboard: 902-424-5110  
Fax: 902-424-2091

Mailing address: 3-3770 Kempt Road, Halifax, Nova Scotia, B3K 4X8

**Western Office**

Serving the Kings, Annapolis, Digby, Yarmouth, Shelburne, Queens & Lunenburg Counties  
101 Magee Drive  
Box 1000, Middleton, Nova Scotia, B0S 1P0  
Toll-free: 1-844-424-5110  
Switchboard: 902-825-3481  
Fax: 902-825-6560

Mailing address: PO Box 1000, Middleton, Nova Scotia, B0S 1P0

**Eastern Office**

Serving Cape Breton Island  
Suite 22, Provincial Building  
360 Prince Street, Sydney, Nova Scotia, B1P 5L1  
Toll-free: 1-844-424-5110  
Switchboard: 902-563-2120  
Fax: 902-563-2370

Mailing address: 22-360 Prince Street, Sydney, Nova Scotia, B1P 5L1

**Northern Office**

Serving Guysborough, Antigonish, Pictou, Cumberland & Colchester Counties  
7 Campbell's Lane  
New Glasgow, Nova Scotia, B2H 2H9  
Toll-free: 1-844-424-5110  
Switchboard: 902-755-5065  
Fax: 902-752-7133

Mailing address: 7 Campbell's Lane, New Glasgow, Nova Scotia, B2H 2H9