Applicant's name: ∆ ํ ๋๋ว๎ํ ํ ๋๋๋๋ ํ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋	
Village: ง	
Beneficiary number:	





APPLICATION FOR SOCIAL HOUSING IN NUNAVIK

Δˆ϶ĊʔLÞՈ Δ϶Δˤ Δˇ϶ϤΛ΅ዮ϶· ϶ͼል·Γ

THIS APPLICATION IS TO BE ENTERED IN THE REGIONAL DATABASE FOR APPLICATION'S REGISTRY C'a Δ -CPLDN Δ -C

This form cannot be submitted online. Once completed and signed, you can email it to communication@nunavikhb.ca or submit it in person at your local NHB office.¶

Documents that must be annexed to the Application form:				
Copy of the social insurance card of the applicant and co-applicant; Δ⁻ ¬ C ¬ C ¬ C ¬ C ¬ C ¬ C ¬ C ¬ C ¬ C ¬				
 Copy of the JBNQA beneficiary card of the applicant and co-applicant; Δˆ ϶ ἀ ϶ ἀ δ α Α ἀ λ α δ α δ α δ α δ α δ α δ α δ α δ α δ α				
 Letter(s) of support or other documents requested for priority according to Section C of this application form; 				
 Proof of income of the applicant and members of the future household, if applicable. If the applicant and/or the household refuse to give the proof of income; use \$80,001 as household total income. ἐωριγγισφίσφι Διαίτιος ἀτοικη Διαίτιος ἀτοικη Διαίτιος ἀτοικη Διαίτιος ἀτοικη Διαίτιος ἐωριγγισφίσμος ἐωριγγισφίσμος ἐωριγγισφίσμος ἐωριγγισφίσμος ἐωριγγισφίσμος ἐωριγγισφίσμος ἐωριγγισφίσμος ἐωριγγισφίσμος 				

SECTION A - APPLICANT'S INFORMATIONS: $\Delta \Delta^{\prime} \Delta^$ Address / ϽϚͰՈϧͿ: House number, P.O. Box / Δˆ ¬ ખે C P ۲٬۲ J ก ખે L, ປˆ c C๋ ເ ል በ J ເ P ۲٬۲ J ก ખે L Village: Province: Postal Code: ๑๑% ๑๓% <t Since when do you live in that house? (month/year): _____/____ 5 6 5 6 5 6 5 6 5 6 5 7 5 9Email / bacdbbdc dcabbnbl: Date of birth: _____ JBNQA beneficiary card number: _____ $4 \mu^{2} \Gamma^{2} \Gamma^$ ا∜۵٬∼ف∆ CO- APPLICANT'S INFORMATIONS / Δ՟ュርናረላኄከበይፈና የፌይራኄ Name / 40%L: Address / วร์≀ก∿เ House number, P.O. Box / ۵ - > LC PY YIN L, 4 - C & ANJ PY YIN L Since when do you live in that house? (month/year): _____/____ 5 לים 5 Date of birth: _____ JBNQA beneficiary card number: _____ ᡏᡒᠾᡥ᠋᠐ᡥᢑᠲ᠋ᡕ᠂᠌᠌᠌ᡯᠸᢧ᠋᠐ᡒᡗᢗ᠂ᡖᢆᡳᡕᡕ᠋᠐ᡒᡗ ا∜گأ∽ف∆ Social Insurance Number: _____ Home tel.: ____ Work tel.: ____ ᡏᠲᡲᡏ᠘᠙ᢆᡰᠳᢐ᠘ ΛαζάδΓ ΡίδαΡΠ[®]υ **CONTACT PERSON** (in case of absence): $\rho_{\rho} = \rho_{\rho} = \rho_{\rho$

SECTION B – TYPE OF APPLICATI	_	
ARE YOU CURRENTLY A TENANT OF THE ዜበልኑ ഛፌኖሮኒና Δ՟ഛኖሊትኑժ〝ዮ՞ኇና ∢ናርጋናናየና		Yes ☐ No ☐ ḋ ◁▷ㅂ
TYPE OF APPLICATION: 「もっΔ゚ラーでし Δ゚ュĊ?L▷∩▷゚: (You can select only one type of application) (∢(▷ィン∢Γ゚ (゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚		
→ New application: → ໑ć∿ Δ°೨ĊʔL٥∩٥Րላ∿∿レጋ∿:		
→ Relocation request: → ഛ゚ᲘᲘ२L▷Ი৬:		
→ Application renewal: → ∆ בֹבֹלף ברות בר ברת השתוי:		

_	ECTION C - PRIORITY: &ՙጋረL균ჼ C - ረᡷ՟፫ረያՙֈያፈՙኣֈያ፫፡የJሰያJ˚፫ጋՙ։		
1.	Has the NHB decided to relocate the household because it occupies a dwelling other than that to which it is entitled in a dwelling of the appropriate category or subcategory (Section 1990 of the Civil Code of Quebec)? bnab aaccic acarbor opicitle acarbor opicitle acarbor of acarbor opicitle ac	Yes □ ∢	No □ ∢⊳b
2.	Is it a case of health or safety hazard for the applicants? Δˆ ϶Ċདժᡧ⁵ኃዮ ᡧ°┏ᡧ৫ ᡧ°ᢗᢘˤኃቨՐᡧቴዮዮኃሮ ϶ዮጵዮ?	Yes □ ∢	N o □ 4▷6
3.	Is the applicant or co-applicant victim of domestic violence? Δˆ ¬Ċད৴ᡧ᠖ Δˆ ¬Ċད৴ᡧ᠖በ╚レ¬゚ጵ゚ ᡧᡒ᠙Γ Λ¬ԵԸ▷৫ ?	Yes □ ∢	No □ 4⊅6
4.	Was the dwelling destroyed by a disaster? ∆ ๊ ๖ ็เ	Yes □ ∢	No □ 1▷b
5.	Have you had an application for a NHB dwelling for each of the last ten (10) consecutive years or more? פרבב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב	Yes ☐ ∢	No □ 4▷6

SECTION D – SENIORITY: ᠯ
Number of years you have applied : ᡏᠮᢃ᠘᠘᠂᠙᠙᠘᠙ᠣᢀ᠒᠂᠘ᡬ᠘ᡬᢃᡬᠺ᠘᠙᠐ᢉ:

SECTION E - HOUSEHOLD COMPOSITION:

 Δ° Δ°

(People you are currently living with at house indicated above, or who live with you in the future household.)

(Δˆ¬ΓνˆβΠΠˆ ◊σˤ٩¬σʕ٩˚αCˤσ γἰċσ νˁβ٩˚αCʿσ Δˆ¬ΓνββΠιἐς Πˆ→σς)

Surname ४೧८% b	Given Name ∢∩∿l	Date of Birth ムュートのでし DAY/MONTH/YEAR	Sex ४ ⁵ ८ ⁵⁶ ४ ⁸ J೧ ⁶	Relationship ใช่?	\$ IN	Beneficiary Number ∆⊂ ▷ √ J ∩ ∿ l ↑	نغهر Stay, Join غد گلا ^ن ه د گلا ^ن ه

SECTION F – INCOME OF APPLICANT AND FUTURE HOUSEHOLD, IF APPLICABLE:

 $\Delta \alpha^{1}$ $\Delta \alpha^{2}$ $\Delta \alpha^{3}$ $\Delta \alpha^$

Surname ∢∩⊂ ^{૧૧} P∿L	Given name ∢∩∿l	Total (Line 199 Quebec income tax notice of assessment) ものでするし (Ċ゚・゚・ト゚・ト゚・ー イ゚-。 C ト ・ L イ゚ド 199-୮)

If the applicant and/or the household refuse to give the proof of income; NHB will use \$80,001 as household total income.

SECTION G – DESIRED VILLAGE FOR HOUSING IN NUNAVIK: ΔΔ°ϽґϹσ·ͼ ͼ - ϫͼϪ·Γ ϫͼϲ·ͼ Ϫ·ϫϳ·ϗϚͿͿͰϧ·ͼͺ (You can select only one Village) (ϤϹϷϲϽϤΓ· ϫͼϲ·ͰΓ· (·;ϲʹͿ·ͼϽ)Ո·)							
∏Akulivik ব∂ <i>–</i> ል ^₅		Aupaluk ۵۵ خ کا		ν ۳، ۲ ۵ و Iunkjnak		lvujivik βΑ4ςΔ	
P。レィトィマっ。イイル。 □KandidanaInjinad		P _{をしい} てそる。 P _を しいてもの。		Kangirsuk ե Ե ^ւ Հ ^ւ		१ ८५ ० Knnjjnad	
ીKunjjuaraapik		Puvirnituq > & ^r ゅ ン ⁵⁶		Quaqtaq		Salluit ۲- ۵ ^۲	
□Tasiujaq Cィクト [%]		Umiujaq ひ てひら ^い					
TYPE OF DWELLING REQUESTED: 「もっΔ゚プσ゚し ゚っCぇJL♭゚しС: (You can select only one type of dwelling) (Ϥℂ▷ィンϤΓ゚ Δ゚っΓ゚ ℂ゚ィ゚j゚。ン∩゚)							
→ Family household ∆ברׄילא ח ∆בּיּ							
→ M19 in Kangiqsualujji ∢にもかい りょしょくく							
→ Multi-generational ho ۴-۵° مئ	useh	old 🗌					
Number of bedrooms in the house you are living in: ישנילספי יש העלי (ב־שלרליי) בישר בילים בילים (בישר הישני)							
Number of bedrooms re 'b' ተራ Γ ፟ 'b ሌ ላ – ٔ Γ ່ (Δ ՙ	ques؛ ۱۶ د ٔ	ted: '⊂¹「ト) Δʻ∍ĊʔLゐʿ					

	۵٬۵۲۲٬ ۲ - ۱۳۵۰ کاپره ۲						
1.	Are you able to take care of your essential needs independently or with outside help or the help of a caregiver, in particular those needs related to personal care and ordinary household tasks? $ \Delta^{L} \Gamma \sigma^{L} = L \Gamma J^{L} = L \Gamma J^{L}$	Yes □ ∢	No □ 4Þ6				
2.	Are you of full age (Age of 18 or over) or an emancipated minor? PPD ก๋ ฉ่นไ< (18 ๑๖เเ๋๑-๑ ๑ฅ๑-๒) ๑๙๓๒-๒๐ ๑๖เป๋า๖๎๒ก๑ ๑๑ ๔๐๖๒ ๑๙๔๑ ?	Yes □ ∢	No □ 4⊅6				
3.	Are you a beneficiary of the James Bay and Northern Quebec Agreement? รัก V ปัง เราใด ปราชาทั้ง ปัง การ	Yes ☐ ∢	No □ 4⊅b				
4.	If you are not a beneficiary of the James Bay and Northern Quebec Agreement, have you resided in the Village selected in Section G for a period of at least 12 consecutive months before the application filing date or the renewal date? 4 \(\text{V'} \d \text{V'} \(\text{C'5} \text{C'5} \text{LC} \d \text{C'5} \text{LD'} \\ \d \text{C'5} \\ \d	Yes □ ḋ	No □ ∢♭b				
5.	Do you have rent arrears with NHB anywhere in Nunavik? δ Δ ב ב ב δ δ δ β δ σ δ β σ δ δ δ δ δ δ δ δ δ δ δ	Yes □ ∢	No □ 4Þ6				
6.	If you have rent arrears, did you already sign a payment agreement with NHB and are you respecting it? סף כי שירי שירי שירי שירי שירי שירי שירי בי שירי בי שירי שיר	Yes □ ₫	No □ 4⊅6				
7.	If you have rent arrears, are you willing and ready to sign a Deduction at Source (DAS) agreement between you and NHB? לף כּיִלְיּבּאְיִי וּיִבְּיִלְיִי בְּיִּרְיִי בְּיִּרְיִי בְּיִרְיִי בְּיִרְיִי בְּיִרְיִי בְּיִרְיִי בְּיִרְיִי בְּיִרְיִי בְּיִרְיִ בְּיִרְיִי בְּיִּבְּיִי בְּיִבְיִי בְּיִּבְיִי בְּרְיִי בְּרִייִי בְּיִרְיִי בְּיִּבְיִי בְּרָּיִי בְּרָי בְּרִיי בְּרִיי בְּרָיי בְּרְיִיי בְּרִייִי בְּרָּיִי בְּרָי בְּרְיִי בְּרָי בְּרְיִי בְּרָיִי בְּרָּיִי בְּרָי בְּרְיִי בְּרְיִי בְּרְיִי בְּרְיִי בְּרְיִייִּיְיִי בְּרָּיִי בְּרְיִי בְּרְיִי בְּרְיִי בְּרְיִי בְּרְיִיְיִי בְּרְיִי בְּיִּבְּיִּבְּיִי בְּבְּיִים בְּיִּבְּיִי בְּבְּיִּבְּיִי בְּיִבְּיִּבְּיִי בְּבְּיִּבְּיִי בְּיִבְּיִים בְּבְּיִּבְּיִים בְּיִּבְּיִי בְּבְּיִּבְּייִי בְּבְּיבְּיִּבְּיִי בְּיִבְּיִים בְּיִּבְּיִּבְּיִּבְּיִּבְּיִּבְּיִּבְּיי בְּיִּבְּיִים בְּיִּבְיִּבְּיִבְּיִּבְּיִּבְּיִּבְּיִבְּיִ	Yes □ ∢	No □ 406				
8.	Have you been evicted from a NHB dwelling or have you abandoned a dwelling without notifying the NHB in the last 5 years? δ Δ - Δ - Δ - Δ - Δ - Δ - Δ - Δ - Δ - Δ	Yes □ ∢	No □ 406				
SECTION I – PIVALLIANIQ CERTIFICATION:							

Are you or your present household certified under the PIVALLIANIQ program?

Δ⁻϶΅ Φℑ˙ປ΅ Δ⁻϶ΓϷʹϧ Π⋂⁻϶϶΅ Λζ΅ϲ Վσ·ʹΓ΅ ΦϽϔ΅ͼ ΠϹϷϪϲ ?

Yes □ ḋ

SECTION J – COMMENTS: ላልናጋረLኇኈ ታ - ውኄታናካና: IF YOU WANT TO MAKE COMMENTS, YO ውኄውታናኣኄዖልና, ላናሬ J°ፌ ታላናጋበና:	OU HAVE THE CHOICE TO DO SO:
AUTHORIZE THE KATIVIK MUNICIPAL HOUSING SEES FIT. I UNDERSTAND THAT THE INFORM SOLELY FOR THE PURPOSE OF ENTERING TH REGIONAL DATABASE AT THE NUNAVIK HOU	ROVIDED HEREIN IS TRUE AND COMPLETE AND I G BUREAU TO VERIFY THE INFORMATION AS IT MATION IS CONFIDENTIAL AND SHALL BE USED IE DATA TO THE APPLICATION REGISTRY IN THE SING BUREAU. I FURTHERMORE ACCEPT THAT ION COULD EAD TO THE REJECTION OR
	ኈレ Ċ゚₺Ძላ Δˤ<∩レʿ\ᢣᢧ᠉ኈՐՐላ»Ր゚σ₺ ᲮLՐᢣᢧᡄ»レσ»Րʿ >→∩₺, ᲮᲘልᢧና Δʻ→ϲኢትሄ»Ր゚σ. ጋ₽۲'Γለ»レ→
APPLICANT'S SIGNATURE: \(\D^c \D^c \D^c \D^c \D^c \D^c \D^c \D^c	DATE: ರಿ- ೨% L
CO- APPLICANT'S SIGNATURE: ∆° ⇒Ċร๙ช๖ก๖ҡ๋° ๔ก๛๖°๙%	DATE: الاد کا

RESERVED TO NHB ADMINISTRATION

Do not write anything in this section

שב-כב' Δ'ש-תא' ס'ב'ל ס'ב'ל ס'ב א'ל'ט ס'באיל'ט ס'באיל'ט ס'באיל'ט ס'ב מ'ל'ט ס'ב'ל ס'ב'ל ס'ב'ל

THIS APPLICATION IS TO BE ENTERED IN THE REGIONAL DATABASE FOR APPLICATION'S REGISTRY COLOR ACCOLUNG ACCOLUNGACO ACCOLUNGACO

Step 1 - לى בל לה Verified by local KMHB office: בפביר ביבר הייש בהייל להיי להדיי להיי להדיי להיי להדיי להדיי להדיי להיי לה	
Date : ا∿د	
Name :	



Reserved to NHB administration

Do not write anything in this section אר בברלי בית איריכ שיבאיאינ רינד שיבראיירט

- Copy of the social insurance card of the applicant and co-applicant;

 Δ° ¬(ςγ4°) Λ ανθανηθίου ρνομού νε ρόλε

 4° λ ¬ δ° Λ λ ν ν σ δ° ¬ δςγ4° δ Λ° διο ν διο
- Copy of the JBNQA beneficiary card of the applicant and co-applicant;

 \[\Delta^2 \cdot \



Step 2 - ეზს - 4

Date :______

Name :_____ ଏ∩∿l



Step 3 - A%L 4 4°

Verified and approved to be entered into applicants list of eligibility for housing in Nunavik \$PF\$PCDYLA% A%PCDYAD

۵٫۳۵۵۲۲ مرعز۱۲۵۷مر مو۳رل

Date :______

Name :_____