**Applicant's name:** _____
ᐃᓪᓗᑖᕋᓱᐊᕐᔫᑦ ᐊᑎᖓ

**Village:** _____
ᓄᓇᓕᖓ

**Beneficiary number:** _____
ᐃᓚᐅᔫᒍᑎᖓᑕ ᑭᓯᑦᓯᒍᑎᖓ

ᑲᑎᕝᕕᒃ ᓄᓇᓕᒃᓂ ᐃᓪᓗᓇᓂᒃᒍᑦ ᐊᓪᓚᕝᕕᒃᒪᓇᒃ
KATIVIK MUNICIPAL HOUSING BUREAU
OFFICE MUNICIPAL D'HABITATION KATIVIK

# APPLICATION FOR SOCIAL HOUSING IN NUNAVIK
# ᐃᓪᓗᑖᕈᒪᐅᑎ ᐃᓄᐃᑦ ᐃᓪᓗᕐᑯᑎᖏᓐᓂᒃ ᓄᓇᕗᒻᒥ

THIS APPLICATION IS TO BE ENTERED IN THE REGIONAL DATABASE FOR APPLICATION'S REGISTRY
ᑖᓐᓇ ᐃᓪᓗᕈᒪᐅᑎ ᓄᓇᓕᓛᑎᒍᑦ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᐅᔪᓄᑦ ᐊᓪᓚᑕᐅᓯᒪᖕᑎᐅᒥᐊᓕᒃ

**Documents that must be annexed to the Application form:**
**ᐊᓪᓚᕐᑯᑏᑦ ᐃᓚᒋᔭᐅᒋᐊᓖᑦ ᐃᓪᓗᑖᕈᒪᐅᑎᒍᑦ:**

- ☐ Copy of the social insurance card of the applicant and co-applicant;
  ᐃᓪᓗᑕᕋᓱᐊᕐᔫᑦ ᐱᓇᓱᒍᓐᓇᐅᑎᖓᑕ ᑭᓯᑦᓯᒍᑎᖓ ᓯᒃᑭᑖᐱᒃ ᐊᑦᔨᓕᐅᕐᑕᐅᓯᒪᓗᓂ
  ᐃᓪᓗᑖᕋᓱᐊᖃᑎᖓᑕᓗ;

- ☐ Copy of the JBNQA beneficiary card of the applicant and co-applicant;
  ᐃᓪᓗᑖᕋᓱᐊᕐᔫᑦ ᐃᓚᐅᔫᒍᑎᖓ ᐊᖏᖃᑎᒌᓐᓂᒍᑦ ᓯᒃᑭᑖᐱᒃ ᐊᑦᔨᓕᐅᕐᑕᐅᓯᒪᓗᓂ
  ᐃᓪᓗᑖᕋᓱᐊᖃᑎᖓᑕᓗ

- ☐ Letter(s) of support or other documents requested for priority according to Section C of this application form;
  ᐊᓪᓚᒍᑦᔭᐅᓯᒪᓗᓂ ᐅᑭᑦᓗᓗᓐᓃᑦ ᐊᓪᓚᕐᑯᑎᖃᕐᓗᓂ ᓯᕗᓪᓕᐅᔭᐅᕐᑯᔨᒍᑎᓂᒃ ᒪᓕᓪᓗᒋᑦ
  ᐊᓪᓚᓯᒪᔪᑦ ᐊᕕᑦᑐᓯᒪᓂᖅ ᑕ-ᒥ ᑖᒃᑯᓇᓂ ᐃᓪᓗᑕᕈᒪᐅᑎᓂ;

- ☐ 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.
  ᑮᓇᐅᑦᔭᓴᕐᓂᖓᓂᒃ ᐃᓪᓗᑖᕋᓱᐊᕐᔫᑦ ᐃᓪᓗᒥᐅᖃᑎᖏᑦᑕᓗ ᓱᕐᑯᐃᓯᒍᑏᑦ, ᓇᐊᖃᑐᐊᕈᑎᒃ;
  ᐃᓪᓗᑖᕋᓱᐊᕐᑐᖅ ᐃᓪᓗᒥᐅᖃᑎᖏᓪᓗ ᓄᐃᑦᓯᒍᒪᖕᖏᐸᑕ ᑮᓇᐅᑦᔭᓴᕐᓂᕋᐅᑎᒥᓂᒃ;
  $80,001 ᐃᓗᐃᒃᑲᐅᑎᓪᓗᒋᑦ ᐃᓪᓗᒥᐅᖃᑎᒌᓄᑦ ᑮᓇᐅᑦᔭᓵᓇᔭᐅᑎᖕᖕᒍᐊᓇᐊᓖᑦ.

## SECTION A - APPLICANT'S INFORMATIONS :
## ᐊᕕᑦᑐᓯᒪᓂᖅ ᐊ - ᐃᓪᓗᑖᕋᓱᐊᕐᑑᑦ ᑭᓇᐅᓂᖅᒐ

Name / ᐊᑎᖓ: _____

Address / ᑐᕌᕈᑎᖓ: _____
House number, P.O. Box / ᐃᓪᓗᖓᑕ ᑭᓯᑦᓯᒍᑎᖓ, ᐊᓪᓚᑖᕐᕕᑎᒍᑦ ᑭᓯᑦᓯᒍᑎᖓ

Village: _____ Province: _____ Postal Code: _____
ᓄᓇᖓ ᓄᓇᖓᑕ ᐊᕕᑦᑐᓯᒪᓂᖅᒐ ᐊᓪᓚᑖᕐᕕᑯᑦ ᓇᓗᓐᑯᑕᖓ

Since when do you live in that house? (month/year): _____/_____
ᖃᖓᓂᑦ ᑕᒡᒐᓂ ᐃᓪᓗᖃᕐᓕᕐᕿᑦ ? (ᑕᕐᕿᖓ/ᐊᕐᕌᒍᖓ)

Email / ᖃᓇᑕᐅᔭᑯᑦ ᐊᓪᓚᖃᐅᑎᖓ: _____

Date of birth: _____ JBNQA beneficiary card number: _____
ᐃᓄᓕᕐᕕᖓ ᐊᖏᖃᑎᒌᓐᓂᒍᑦ ᐃᓚᐅᒍᑎᖓᑕ ᑭᓯᑦᓯᒍᑎᖓ

Social Insurance Number: _____ Home tel.: _____ Work tel.: _____
ᐱᓇᓱᒍᓐᓇᐅᑎᑦᐱᑦ ᑭᓯᑦᓯᒍᑎᖓ ᐊᓂᕐᕋᒥ ᐅᖃᓚᐅᑎᖓ ᐱᓇᓱᒋᕐᕕᒥ ᐅᖃᓚᐅᑎᖓ

## CO- APPLICANT'S INFORMATIONS / ᐃᓪᓗᑖᕋᓱᐊᖃᑎᐅᔫᑦ ᑭᓇᐅᓂᖅᒐ :

Name / ᐊᑎᖓ: _____

Address / ᑐᕌᕈᑎᖓ _____
House number, P.O. Box / ᐃᓪᓗᖓᑕ ᑭᓯᑦᓯᒍᑎᖓ, ᐊᓪᓚᑖᕐᕕᑎᒍᑦ ᑭᓯᑦᓯᒍᑎᖓ

Village: _____ Province: _____ Postal Code: _____
ᓄᓇᖓ ᓄᓇᖓᑕ ᐊᕕᑦᑐᓯᒪᓂᖅᒐ ᐊᓪᓚᑖᕐᕕᑯᑦ ᓇᓗᓐᑯᑕᖓ

Since when do you live in that house? (month/year): _____/_____
ᖃᖓᓂᑦ ᑕᒡᒐᓂ ᐃᓪᓗᖃᕐᓕᕐᕿᑦ ? (ᑕᕐᕿᖓ/ᐊᕐᕌᒍᖓ)

Email / ᖃᓇᑕᐅᔭᑯᑦ ᐊᓪᓚᖃᐅᑎᖓ: _____

Date of birth: _____ JBNQA beneficiary card number: _____
ᐃᓄᓕᕐᕕᖓ ᐊᖏᖃᑎᒌᓐᓂᒍᑦ ᐃᓚᐅᒍᑎᖓᑕ ᑭᓯᑦᓯᒍᑎᖓ

Social Insurance Number: _____ Home tel.: _____ Work tel.: _____
ᐱᓇᓱᒍᓐᓇᐅᑎᑦᐱᑦ ᑭᓯᑦᓯᒍᑎᖓ ᐊᓂᕐᕋᒥ ᐅᖃᓚᐅᑎᖓ ᐱᓇᓱᒋᕐᕕᒥ ᐅᖃᓚᐅᑎᖓ

**CONTACT PERSON (in case of absence):**
ᐅᖃᓚᐃᐅᒍᓐᓇᑐᖅ ᓇᓂᔭᐅᕐᖃᔭᖕᖕᒥᑉᐸᑦ ᐃᓪᓗᑖᕈᒪᐅᑎᓕᐅᕐᓯᒪᔪᖅ:

Name: _____ Home tel.: _____ Work tel.: _____
ᐊᑎᖓ ᐊᓂᕐᕋᒥ ᐅᖃᓚᐅᑎᖓ ᐱᓇᓱᒋᕐᕕᒥ ᐅᖃᓚᐅᑎᖓ

## SECTION B – TYPE OF APPLICATION:
ᐊᕕᑦᑐᓯᒪᓂᖅ ᐸ - ᐃᓪᓗᑖᕈᒪᐅᑎᖓᑕ ᖃᓄᐃᑦᑑᓂᖓ

**ARE YOU CURRENTLY A TENANT OF THE KMHB?** Yes ☐ No ☐
ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓪᓗᓕᕆᔨᒃᑯᖏᓐᓂᑦ ᐊᑦᑕᑦᑭᑦ ? ᐋ ᐊᐅᑲ

**TYPE OF APPLICATION:**
ᖃᓄᐃᑦᑑᓂᖓ ᐃᓪᓗᑖᕈᒪᐅᑎᐅᑉ:
(You can select only one type of application)
(ᐊᑕᐅᓯᑐᐊᒥᒃ ᑕᕐᓱᒋᐊᖃᕐᑐᑎᑦ ᐃᓪᓗᑖᕈᒪᐅᑎᓐᓂᒃ)

→ **New application:** ☐
→ ᓄᑖᖅ ᐃᓪᓗᑖᕈᒪᐅᑎᐅᒋᐊᖕᖓᑐᖅ:

→ **Relocation request:** ☐
→ ᓄᑦᑎᑎᕈᒪᐅᑎᒃ:

→ **Application renewal:** ☐
→ ᐃᓪᓗᑖᕈᑕᐅᑎᒥᒃ ᓄᑕᐅᓯᓕᑎᓇᒍᑎᒃ:

## SECTION C – PRIORITY:
ᐊᕕᑦᑐᓯᒪᓂᖅ ᑕ - ᓯᕗᓪᓕᐸᐅᑦᔭᐅᔪᑦᔅᔭᐅᓚᕐᑭᒍᑏᐅᒍᓐᓇᑐᑦ:

1. Has the KMHB 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)? Yes ☐ No ☐
   ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓪᓗᓕᕆᔨᖏᑦ ᑐᑭᑖᕐᓯᒪᔪᑦ ᐃᓪᓗᖃᕐᑐᑦ ᓄᑦᑎᑎᑕᐅᓛᕐᑎᓗᒋᑦ ᐱᑦᔪᑎᖃᕐᑎᓗᒍ ᐃᓪᓗᖃᕐᑐᖅ ᐃᓪᓗᒋᒋᐊᖃᖕᖏᑕᒥᓃᓐᓂᖓᓄᑦ ᐊᕕᑦᑐᓯᒪᔪᑦ ᐃᓚᒋᐊᕈᑎᖏᓐᓗ ᒪᓕᑦᓯᒋᑦ (ᐊᕕᑦᑐᓯᒪᓂᖅ 1990 ᑯᐯᒻᒥ ᐱᕐᑯᔭᐅᔪᓂ ᐃᓄᖃᑎᒌᑎᒍᑦ)

2. Is it a case of health or safety hazard for the applicants? Yes ☐ No ☐
   ᐃᓪᓗᑖᕐᓯᐊᕐᑑᖅ ᐊᓐᓂᐊᕙ ᐊᑦᑕᓇᕐᑐᒥᒋᐊᖃᖕᖏᑐᕙᓗᓐᓃᑦ? ᐋ ᐊᐅᑲ

3. Is the applicant or co-applicant victim of domestic violence? Yes ☐ No ☐
   ᐃᓪᓗᑖᕐᓯᐊᕐᑑᖅ ᐃᓪᓗᑖᕐᓯᐊᖃᑎᖓᓗᓐᓃᑦ ᐊᓂᕐᕐᒥ ᐱᓗᑲᑕᐅᕙ ? ᐋ ᐊᐅᑲ

4. Was the dwelling destroyed by a disaster? Yes ☐ No ☐
   ᐃᓪᓗᖓ ᓱᒃᑯᑕᐅᓯᒪᕙ ᓱᒃᑯᐊᕐᑭᓂᕐᒍᑦ ? ᐋ ᐊᐅᑲ

   When / ᖃᖓ? _____

5. Have you had an application for a KMHB dwelling **for each of the last ten (10) consecutive years** or more? Yes ☐ No ☐
   ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓪᓗᓕᕆᔨᖏᓐᓂ ᐃᓪᓗᑖᕈᒪᐅᑎᓕᐅᕐᓯᒪᕕᑦ ᐊᕐᕌᒍᓂ ᖁᓕᓂ

## SECTION D – SENIORITY:
## ᐊᕕᑦᑐᓯᒪᓂᖅ ᑲ - ᐊᑯᓂ ᐅᑕᖅᑭᓂᕐᒥᓄᑦ ᓯᕗᓪᓕᐅᒍᓐᓇᐅᑎᓕᒃ

Number of years you have applied : _____
ᐊᕐᕌᒍᐃᑦ ᖃᑦᓯᐅᓂᖅᒋᑦ ᐃᓪᓗᑖᕐᓯᐊᕐᕕᒋᓕᕐᑕᑎᑦ:

## SECTION E – HOUSEHOLD COMPOSITION:
## ᐊᕕᑦᑐᓯᒪᓂᖅ ᒐ - ᐃᓪᓗᒥᐅᖃᑎᒌᑦ ᖃᓄᐃᓕᖕᒐᓂᖕᒋᑦ

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

| Surname ᐊᑎᓕᕐᑭᖕᒐ | Given Name ᐊᑎᖕᒐ | Date of Birth ᐃᓄᓕᕐᕕᖕᒐ DAY/MONTH/YEAR | Sex ᐊᕐᓇᖅ ᐊᖕᒍᑎᒃ | Relationship ᑭᓂᑦ? | SIN ᐱᓇᓱᒍᓐᓇᐅᑎ ᖕᒐᑕ ᑭᓯᑦᓯᒍᑎᖕᒐ | Beneficiary Number ᐃᓚᐅᕝᒍᑎᖕᒐ ᑭᓯᑦᓯᒍᑎᖕᒐ | Move, Stay, Join ᓄᓚᖕᒐᔪᖅ ᓚᖕᒐᖕᖕᒋᑐᕐ ᓘᓃᑦ |
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## SECTION F – INCOME OF APPLICANT AND FUTURE HOUSEHOLD, IF APPLICABLE:

## ᐊᕕᑦᑐᓯᒪᓂᖅ L - ᐃᓪᓗᑕᕋᓱᐊᕐᑑᑦ ᑮᓇᐅᑦᔭᕐᓂᑦ ᐃᓪᓗᒥᐅᖃᑎᒋᓛᕐᑕᖓᑕᓗ, ᐱᑕᖃᕐᐸᑕ

| Surname<br>ᐊᑎᓕᕐᕿᖓ | Given name<br>ᐊᑎᖓ | Total<br>(Line 199 Quebec income tax notice of assessment)<br>ᑲᑎᖕᓂᖓ<br>(ᑖᒃᓱᕈᑎᔾᒋᖕᓂ ᐊᖕᓚᑕᐅᓯᒪᔪᖅ 199-ᒥ) |
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***If the applicant and/or the household refuse to give the proof of income; KMHB will use $80,001 as household total income.***

ᐃᓪᓗᑖᕈᒪᔪᖅ ᐃᓪᓗᒥᐅᖃᑎᖕᒋᖕᓗᓃᑦ ᑮᓇᐅᑦᔭᕐᓂᒥᓂᒃ ᖃᐅᔨᔭᐅᑎᑦᓯᒍᒪᖕᒋᐸᑕ; ᑲᑎᕕᐅᑦ ᐃᓪᓗᓕᓇᔨᒃᑯᖕᒋᑦ ᐃᓪᓗᒥᐅᖃᑎᒌᓕᒫᓂᒃ ᑲᑎᑦᑐᒥᒃ ᑮᓇᐅᑦᔭᕐᓂᖃᕐᑎᓯᖕᖕᒍᐊᕋᔭᕐᑐᑦ $80,001-ᓂᒃ.

## SECTION G – DESIRED VILLAGE FOR HOUSING IN NUNAVIK:

ᐊᕕᑦᑐᓯᒪᓂᖅ ᓇ - ᓄᓇᕕᒻᒥ ᓄᓇᓕᒃ ᐃᓪᓗᑖᕐᕕᒋᒍᒪᔭᖓ

(You can select only one Village) (ᐊᑕᐅᓯᑐᐊᒥᒃ ᓄᓇᓕᒻᒥᒃ ᑕᕐᓱᒍᓐᓇᑐᑎᑦ)

- ☐ **Akulivik** ᐊᑯᓕᕕᒃ
- ☐ **Aupaluk** ᐊᐅᐸᓗᒃ
- ☐ **Inukjuak** ᐃᓄᒃᓯᐊᖅ
- ☐ **Ivujivik** ᐃᕗᓯᕕᒃ
- ☐ **Kangiqsualujjuaq** ᑲᖏᕐᓱᐊᓗᑦᓯᐊᖅ
- ☐ **Kangiqsujuaq** ᑲᖏᕐᓱᓯᐊᖅ
- ☐ **Kangirsuk** ᑲᖏᕐᓱᖅ
- ☐ **Kuujjuaq** ᑯᑦᓯᐊᖅ
- ☐ **Kuujjuaraapik** ᑯᑦᓯᐊᕐᕕᒃ
- ☐ **Puvirnituq** ᐳᕕᕐᓂᑐᖅ
- ☐ **Quaqtaq** ᕐᑯᐊᕐᑕᖅ
- ☐ **Salluit** ᓴᓪᓗᐃᑦ
- ☐ **Tasiujaq** ᑕᓯᐅᔭᖅ
- ☐ **Umiujaq** ᐅᒥᐅᔭᖅ

## TYPE OF DWELLING REQUESTED:

ᖃᓄᐃᑦᑑᓂᖓ ᓪᓗᑕᓇᒍᒪᔭᖓᑕ:

(You can select only one type of dwelling)

(ᐊᑕᐅᓯᑐᐊᒥᒃ ᐃᓪᓗᒥᒃ ᑕᕐᓱᒍᓐᓇᑐᑎᑦ)

→ **Family household** ☐
ᐃᓚᒌᑦᓯᐅᑎ ᐃᓪᓗᖅ

→ **M19 in Kangiqsualujjuaq** ☐
ᐊᒥᖃᐅᑎ ᑲᖏᕐᓱᐊᓗᒃᓯᐊᒥ

→ **Multi-generational household** ☐
ᑭᖑᕙᓇᓄᑦ ᐃᓪᓗᖅ

**Number of bedrooms in the house you are living in:** _____
ᖃᑦᓯᐅᕙᑦ ᖃᓇᐊᑦ (ᐃᓪᓗᐊᕈᓱᑦ) ᒫᓐᓇ ᐃᓪᓗᓯᓐᓂ

**Number of bedrooms requested :** _____
ᖃᑦᓯᓂᒥᒃ ᖃᓇᐊᓕᒻᒥᒃ (ᐃᓪᓗᐊᕈᓯᓕᒻᒥᒃ) ᐃᓪᓗᑖᕈᒪᕕᑦ

## SECTION H – ELIGIBILITY:
## ᐊᕕᑦᑐᓯᒪᓂᖅ ᓴ - ᐱᒍᓐᓇᐅᑏᑦ

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? Yes ☐ No ☐
ᐃᒻᒥᓂᒃ ᑲᒪᒋᒍᓐᓇᓯᐊᕐᕿᑦ ᑭᖅᑐᒪᒋᔭᑎᓐᓂᓗ ᐅᑉᑯᓗᓗᓐᓃᑦ ᐃᑲᔪᕐᑕᐅᓗᑎᑦ ᓯᓚᑖᓂᑦ
ᐃᑲᔪᕐᑎᖃᕐᓗᑎᓗᓐᓃᑦ, ᐱᓗᐊᕐᑐᒥᒃ ᓇᒻᒥᓂᖅ ᓴᓗᒪᒐᓯᐊᕐᓂᑯᑦ ᐃᓪᓗᒥᓪᓗ ᐱᒪᒋᐊᖃᕐᓂᑯᑦ?

2. Are you of full age (Age of 18 or over) or an emancipated minor? Yes ☐ No ☐
ᐅᑭᐅᑏᑦ ᓈᒻᒪᐸᑦ (18 ᐅᖅᒪᑖᓄᓪᓗ ᐅᑭᐅᓕᒃ) ᐅᑉᑯᓗᓐᓃᑦ
ᐊᖅᒪᔪᕐᑲᑎᓄᑦ ᐊᐅᓚᑕᐅᒍᓐᓄᓯᒪᕕᑦ ?

3. Are you a beneficiary of the James Bay and Northern Quebec Agreement? Yes ☐ No ☐
ᓴᒥᓯ ᐯᑦ ᑯᐯᓪᓗ ᑕᕐᕋᖅᒪᑕ ᐊᖏᖅᑎᑏᓐᓂᖅᒪᓄᑦ ᐃᓚᐅᔫᕕᑦ ?

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? Yes ☐ No ☐
ᓴᒥᓯ ᐯᑦ ᑯᐯᓪᓗ ᑕᕐᕋᖅᒪᑕ ᐊᖏᖅᑎᑏᓐᓂᖅᒪᓄᑦ ᐃᓚᐅᔫᒍᕕᑦ, ᓄᓇᖅᑲᓚᐅᕐᓯᒪᕕᑦ
ᐊᕕᑦᑐᓯᒪᓂᖅ ᓇᒥ ᐅᖅᑲᑦᑕᐅᔪᓂ ᑕᕐᕿᓂ 12-ᓂ ᐃᓪᓗᑖᒋᒪᐅᑎᓕᐅᓚᐅᕐᓇᒃ ?

5. Do you have rent arrears with KMHB anywhere in Nunavik? Yes ☐ No ☐
ᑲᑎᕕᐅᑦ ᐃᓪᓗᓕᓇᔨᒃᑯᖅᒥᓐᓂ ᐊᑭᓕᕐᓴᖅᑲᕐᐱᑦ ᓄᓇᕕᒻᒥ ᓄᓇᓕᐅᑦ ᐊᓯᐊᓂ?

6. If you have rent arrears, did you already sign a payment agreement with KMHB and are you respecting it? Yes ☐ No ☐
ᐊᑭᓕᑦᓴᖅᑭᕕᑦ ᐊᖏᖅᑎᑏᒍᑎᓕᐅᖅᑎᖅᑲᕐᓯᒪᕕᑦ ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓪᓗᓕᓇᔨᖅᒥᓐᓂᒃ
ᐊᑭᓕᑦᓴᔭᑭᑎᒥᓂᐊᕐᑕᑎᓐᓂᒃ ᐊᒻᒪᓗ ᑲᔪᓯᑎᑦᓯᐊᐱᐅᒃ ?

7. If you have rent arrears, are you willing and ready to sign a Deduction at Source (DAS) agreement between you and KMHB? Yes ☐ No ☐
ᐊᑭᓕᑦᓴᖅᑭᕕᑦ ᑮᓇᐅᑦᔭᓴᑎᑦ ᐃᓚᖅᒥᐊᑎᖅᑕᐅᓛᖅᑎᓗᒥᑦ ᐊᑎᓕᐅᖅᑲᑎᖅᑭᓐᓇᕐᑭᑦ ᑲᑎᕕᒃ
ᓄᓇᓕᓕᒫᑦ ᐃᓪᓗᓕᓇᔨᖅᒥᓐᓂᒃ ?

8. Have you been evicted from a KMHB dwelling or have you abandoned a dwelling without notifying the KMHB in the last 5 years? Yes ☐ No ☐
ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓪᓗᓕᓇᔨᖅᒥᑦᑕ ᐃᓪᓗᖁᑎᖅᒪᓂᒃ ᐊᓂᑎᑕᐅᓯᒪᕕᑦ ᐅᑉᑯᓗᓐᓃᑦ
ᐃᓪᓗᒥᒃ ᐊᑐᕐᑕᓂᒃ ᐃᐱᔅᓐᓂᓚᐅᕐᓯᒪᕕᑦ ᐊᕐᕌᒍᓂ ᑕᓪᓕᒪᓂ ᐊᓂᒍᕐᑐᓂ ?

## SECTION I – PIVALLIANIQ CERTIFICATION:
## ᐊᕕᑦᑐᓯᒪᓂᖅ ᓚ - ᐱᕙᓪᓕᐊᓂᕐᒧᑦ ᐱᒍᓐᓇᓂᕋᕐᑕᐅᓂᖅ

Are you or your present household certified under the PIVALLIANIQ program? Yes ☐ No ☐
ᐃᓪᓗᖅ ᐊᑐᕐᒐᑦ ᐃᓪᓗᒥᐅᖅᑎᑎᓪᓗᓃᑦ ᐱᕙᓪᓕᐊᓂᕐᒥᒃ ᐊᑐᕈᓐᓇᑎᑕᐅᕕᓯ ?

## SECTION J – COMMENTS:
ᐊᕕᑦᑐᓯᒪᓂᖅ ᔭ - ᐅᖃᓯᑦᓴᑦ:

**IF YOU WANT TO MAKE COMMENTS, YOU HAVE THE CHOICE TO DO SO:**
ᐅᖃᐅᓯᑦᓴᖃᕈᕕᑦ, ᐊᓪᓚᒍᓐᓇᓯᐊᖁᑎᑦ:

_____

_____

_____

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_____

*I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE AND I AUTHORIZE THE KATIVIK MUNICIPAL HOUSING BUREAU TO VERIFY THE INFORMATION AS IT SEES FIT. I UNDERSTAND THAT THE INFORMATION IS CONFIDENTIAL AND SHALL BE USED SOLELY FOR THE PURPOSE OF ENTERING THE DATA TO THE APPLICATION REGISTRY IN THE REGIONAL DATABASE AT THE KATIVIK MUNICIPAL HOUSING BUREAU. I FURTHERMORE ACCEPT THAT ANY FALSE OR INCOMPLETE DECLARATION COULD EAD TO THE REJECTION OR CANCELLATION OF MY APPLICATION.*

ᓱᓕᑦᓱᐊᓂᖅᓗᖅᑕ ᓱᓇᒥᓐᓂᕐᓱᒋᓪᓗ ᑕᒡᒐᓂ ᐊᓪᓚᓯᒪᔪᓂᒃ ᐊᖏᕐᓱᖅᒐᓗ ᑲᑎᕕᐅᑦ ᐃᓪᓗᓕᕆᔨᒃᑯᖏᑦ ᕿᒥᕐᕈᕈᓐᓇᕐᑯᑦᓱᒋᑦ ᑐᑭᓯᒋᐊᕈᑎᒋᒥᐊᓕᒻᒥᓂᒃ. ᑐᑭᓯᑐᖅᒐ ᑖᒃᑯᐊ ᐃᕐᓴᑎᒐᑦᓴᔭᐅᖅᖏᒥᐊᖏᓐᓂᒃ ᑲᒪᒋᔭᐅᓚᖅᒐᓂᖏᑦ ᓄᓇᕕᓕᒫᒥ ᐃᓪᓗᑖᕈᒪᐅᑏᑦ ᖃᐅᔨᒪᔭᐅᒍᑎᖏᓐᓂᕈᕐᒍᑎᐅᓗᑎᒃ, ᑲᑎᕕᐅᑦ ᐃᓪᓗᓕᕆᔨᒃᑯᖏᓐᓂ. ᑐᑭᓯᒻᒥᓱᖅᒐᓗ ᐊᖏᕐᓱᒍ ᓴᓪᓗᑐᓂᒃ ᓱᓇᒥᖅᖏᑐᓂᓪᓘᓐᑦ ᐅᖃᐅᓯᓕᐅᕐᓯᒪᒍᒪ ᐊᖏᕐᑕᐅᖏᑦᔪᑎᐅᑐᐃᓐᓇᕆᐊᖃᕐᒪᑕ ᓄᖑᑎᕆᒍᑎᐅᓗᑎᓪᓘᓐᑦ ᐃᓪᓗᑖᕈᒪᐅᑎᒐᓂᒃ.

APPLICANT'S SIGNATURE: _____ DATE: _____
ᐃᓪᓗᑖᕋᓱᐊᕐᑑᑦ ᐊᑎᓕᐅᕐᕕᖅᒐ ᐅᓪᓗᖅᒐ

CO- APPLICANT'S SIGNATURE: _____ DATE: _____
ᐃᓪᓗᑖᕋᓱᐊᕐᑲᑎᐅᔫᑦ ᐊᑎᓕᐅᕐᕕᖅᒐ ᐅᓪᓗᖅᒐ

# RESERVED TO KMHB ADMINISTRATION
## Do not write anything in this section
## ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓪᓗᓕᓇᕈᖅᑭᑦᑕ ᐊᐅᓚᑦᓯᕈᖅᑭᑦᑕ ᐊᓪᓚᕕᑦᓴᖅᒪ ᑕᒡᒐᓂ ᐊᓪᓚᒋᐊᑐᖅᖅᑭᑐᑎᑦ

THIS APPLICATION IS TO BE ENTERED IN THE REGIONAL DATABASE FOR APPLICATION'S REGISTRY
ᑖᓐᓇ ᐃᓪᓗᑕᑭᒪᐅᑎ ᓄᓇᓕᓕᒫᑎᒍᑦ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᐅᔪᓄᑦ ᐊᓪᓚᑕᐅᓯᒪᖅᑎᐅᒋᐊᓕᒃ

### Step 1 - ᓯᕗᓪᓕᐹᖅ

Verified by local KMHB office:
ᓄᓇᓕᒻᒥ ᐃᓪᓗᓕᓇᕈᖅᑯᓄᑦ ᖃᐅᔨᓴᕐᑕᐅᓯᒪᔪᖅ:

Date :_____
ᐅᓪᓗᖅᒪ

Name :_____
ᐊᑎᖅᒪ

**Reserved to KMHB administration**
**Do not write anything in this section**
**ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓪᓗᓕᓇᕈᖅᑭᑦᑕ ᐊᓪᓚᕕᑦᓴᖅᒪ ᑕᒡᒐᓂ ᐊᓪᓚᒋᐊᑐᖅᖅᑭᑐᑎᑦ**

**Documents that must be annexed to the request form:**
ᐊᓪᓚᖁᑏᑦ ᐃᓚᒋᔭᐅᒋᐊᓖᑦ ᐃᓪᓗᑕᑭᒪᐅᑎᒍᑦ:

- ☐ Copy of the social insurance card of the applicant and co-applicant;
  ᐃᓪᓗᑕᕋᓱᐊᕐᑑ ᐱᓇᓱᒍᓇᐅᑎᖅᒪᑕ ᑭᓯᑦᓯᒍᑎᖅᒪ ᓯᒃᑭᑖᐱᒃ ᐊᑦᕈᓕᐅᑦᑕᐅᓯᒪᓗᓂ ᐃᓪᓗᑖᕋᓱᐊᖃᑎᖅᒪᑕᓗ;
- ☐ Copy of the JBNQA beneficiary card of the applicant and co-applicant;
  ᐃᓪᓗᑖᕋᓱᐊᕐᑑ ᐃᓚᐅᔫᒍᑎᖅᒪ ᐊᖏᖃᑎᒌᒃᓂᒍᑦ ᓯᒃᑭᑖᐱᒃ ᐊᑦᕈᓕᐅᑦᑕᐅᓯᒪᓗᓂ ᐃᓪᓗᑖᕋᓱᐊᖃᑎᖅᒪᑕᓗ
- ☐ Copy of the report requested for priority according to Section C 2 and C 3 of the present document;
  ᓯᕗᓪᓕᐅᔭᐅᒍᒪᐅᑎ ᐊᐱᑦᑐᓯᒪᓂᒻᒥ C 2-ᒥ ᐊᒃᒪᓗ ᖃ 3-ᒥ ᐊᓪᓚᖁᑎᓂ ᑖᒃᑯᓇᓃᑦᑐᖅ:
- ☐ 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.
  ᑭᓇᐅᑦᔭᔭᖅᓂᖅᒪᓂᒃ ᐃᓪᓗᑖᕋᓱᐊᕐᑑ ᐃᓪᓗᒥᐅᖃᑎᖅᑭᑦᑕᓗ ᓱᖅᑯᐃᓯᒍᑏᑦ, ᓇᐊᖃᑐᐊᕈᑎᒃ; ᐃᓪᓗᑖᕋᓱᐊᕐᑑᖅ ᐃᓪᓗᒥᐅᖃᑎᖅᑭᓪᓗ ᓄᐃᑦᓯᒍᒪᔾᔪᑦᑕ ᑭᓇᐅᑦᔭᔭᖅᓂᕋᐅᑎᒥᓂᒃ; 80,001$ ᐃᓗᐃᒃᑲᐅᑎᖅᓗᒥᑦ ᐃᓪᓗᒥᐅᖃᑎᒌᓄᑦ ᑭᓇᐅᑦᔭᓴᓇᔭᐅᑎᖅᖅᒍᐊᓇᐊᓖᑦ.

### Step 2 - ᑑᖅᒪᓕᐊ

Entered by KMHB head office:
ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓪᓗᓕᕈᖅᑭᑦᑕ ᐱᓇᓱᑦᑎᖅᒪ:

Date :_____
ᐅᓪᓗᖅᒪ

Name :_____
ᐊᑎᖅᒪ

### Step 3 - ᐱᖅᒪᔪᐊᑦ

Verified and approved to be entered into applicants list of eligibility for housing in Nunavik
ᖃᒥᖅᕈᑕᐅᓯᒪᔪᖅ ᐊᖏᖅᑕᐅᓯᓂᓗ ᐊᓪᓚᑕᐅᓯᒪᖅᑎᐅᒋᐊᓖᒃ ᐃᓪᓗᑖᕈᒪᐅᑎᓄᑦ ᓄᓇᐱᖅᒥ

Date :_____
ᐅᓪᓗᖅᒪ

Name :_____
ᐊᑎᖅᒪ