Applicant's name: _ ∆`בֹלּרְלְמִיֹלִ לַחִיּנּ בֹלּרִלְמִיּלִ	
Village: ა_ი ზს	
Beneficiary number: _ Δבסלוח שנכ פלילוח	





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 \dot{C}^* ΔC^* ΔC^*

This form cannot be submitted online. Once completed and signed, you can email it to

housing@nunavikhb.ca or submit it in person at your local NHB office.

Documents that must be annexed to the Application form: Ⴗ゙ニ゙Ⴘ Ⴖ゚ Δ ニ Γ ֈ
Copy of the social insurance card of the applicant and co-applicant; Δ⁻ ¬Cラ ለ ◊˙ סֹ ∧ ¬ ל ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬
 Copy of the JBNQA beneficiary card of the applicant and co-applicant; Δ⁻϶Ċラィィゥኃ′ ΔͼϷϟͿ⋂·Ϟ ϭ·ϧͼϧϾϦ·ͼϧͿ· ϲϧͼϳϭϧ ϭͼϧͼϷͼϲϧͼ Δ⁻϶Ċラィィϧϧϧϧ
 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. ἐ◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊◊

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: _____ $4 \text{ LiPUL}_{\text{c}} = 7 \text{ Tolumer}$ 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: _____ ᡏᡒᠾ᠙ᠾᡶᢛᢖᡕ᠂᠌᠌᠘ᠸᢧ᠋᠐᠕᠙ᢕ᠘᠘᠙᠘᠙᠘ ا∜گا∼مف∆ Social Insurance Number: _____ Home tel.: _____ Work tel.: ____ ᡏᠲᡲᡏ᠂᠈ᡩᡄ᠌᠈ᡣᢐᡕ Λαζ[«]δΓ δήςδη»ι **CONTACT PERSON** (in case of absence): $\rho_{\rho} = \rho_{\rho} = \rho_{\rho$

SECTION B – TYPE OF APPLICATIO	
ARE YOU CURRENTLY A TENANT OF THE NI ይበል ⁶	Yes ☐ No ☐ ₫ ₫₽₺
TYPE OF APPLICATION: 「も」Δ゚ラーでし、Δ゚」Ċ?LDOD゚: (You can select only one type of application) (⟨⟨∇⟩⟨⟩⟨⟨∇⟩⟨⟨∇⟩⟩⟨⟨∇⟩⟨⟨∇⟩⟨∇⟩⟨∇⟩⟨∇⟩⟨∇⟩⟨∇⟩⟨∇	
→ New application: → ഛC๋Ⴅ Δ゚ഛC๋ʔLิÞՈՒՐՎ∿∿Სጋ∿:	
→ Relocation request: → ഛ ํ กก ํ เ b ก ํ :	
→ Application renewal: → ΔʿשĊʔᢗᡅᠬᠮᡈ שׁכנות הֹל כנות הֹל colded ב כנות היים ביים ביים ביים ביים ביים ביים ביים	

	ECTION C - PRIORITY: &‹ጋረL&® C - ረ৯՟~〈┣ՙᢣÞՎՙኣᢣÞሬʻየJṅÞJ˚ፌጋՙ։		
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)? b\Omega^b\cdot \Delta \Circ - \cdot^b\cdot^c \Delta \Circ \	Yes □ ∢	No □ ∢⊳b
2.	Is it a case of health or safety hazard for the applicants? Δ՟ചᢗᡪረላ⁵ኃᅆ 《ቴჾላኖ 《ፕሬፌፕጋቮՐላዔೀዮኃኖ ፌዮጵና?	Yes □ ∢	No □ 4▷6
3.	Is the applicant or co-applicant victim of domestic violence? ΔʿᠴĊ٩ᠵᡧ᠑᠖᠘᠆ᠴĊ٩ᠵᡧ᠙᠖ᡴᢐᡶᠴᡱᡠ᠂ᡧᠣᠻᠲᠮ᠂ᡣ᠘᠆᠘᠐᠐᠙?	Yes □ ∢	No □ 4▷6
4.	Was the dwelling destroyed by a disaster?	Yes ☐ ∢	No □ ∢⊳b
5.	Have you had an application for a NHB dwelling for each of the last ten (10) consecutive years or more? פרבב ביב ביב ביב ביב ביב ביב ביב ביב ביב	Yes □ ∢	No □ 4▷6

SECTION D – SENIORITY: ᠯᲒፕሬንሬኒៃ Ს - ᲥᲥᲡ ዮ୯ፕዮᲡፕ፲፡ ፕ৯-୯ ዮፌዮៃ Ի
Number of years you have applied : ᡏᠮᢃ᠘᠂᠂᠖᠂ᢣ᠙ᠳ᠉ᢉ᠂᠘᠆᠘ᢗᡪᠵᡏᠺᠬᡄ᠂ᢗ᠒᠂:

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 ◊σˤ٩ϞσΓ٩ξαΓ΄σ νβθξαΓ΄σ Δˆ¬ΓνβΠΓἐςΠ΄→ἐς)

Surname ଏ∩⊂ ^૧ ૧૧% l	Given Name ∢∩∿ს	Date of Birth ムュートかし DAY/MONTH/YEAR	Sex ४ ⁵ ८ ⁵⁶ ४ ⁸ J೧ ⁶	Relationship ^β σ ^c ?	\$IN ^&\^1°&\ %UC PY°C\JN%U	Beneficiary Number ∆⊂ ▷ √ J ∩ ∿ l ↑	نغېر Stay, Join غدګلځ ^ښ دګلځ ^ښ

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

 $\Delta C = \Delta C + \Delta C$

Surname ∢∩⊂ ^૧ ۶۴°t	Given name ∢∩∿l	Total (Line 199 Quebec income tax notice of assessment) らつってってい (Ċ゚・゚・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

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

 Δ^c ے לפרל Δ^c ם רסיור היים אין היים לפרל היים לפרל היים לפרל היים לפרל שלים רסיור היים לפרל שלים רסיור היים לפרל היים לפרלים ליים לפרלים ליים לפרלים ליים לפרלים לפרלים לפרלים ליים לפרלים לפרלים

SECTION G – DESIRED VILLAGE FOR HOUSING IN NUNAVIK: ϤϪ·ϽィLσ·ჼ ╸ - ຼ ៰ ຝ ^ւ Γ ຼ ៰ ៰ - ⁶ Δ ˙ ϶ Ċ ˙ ል Ր Ϳ L ϧ · ὑ ὑ (You can select only one Village) (ϤϹϷϲϽϤΓ· ຼ ໑ ៰ - ¹ Γ ˙ (˙ ϲ ˙ ປ ՝ ໑ ͻ) Ո ˙)							
∏Akulivik ব∂ <i>⊂</i> ል ^ь		Aupaluk ۵۵ خ کا		Inukjuak ۵ م ځ ځ ۵ ^{۱۱}		lvujivik Δ94&Δ	
P。レ。५₫っ。५₫。 □Kandidenalnjinad		ค ู⊱เง≺∢₀ Kan gi dsninad		Kangirsuk Ե ԳՐ՟Ժ [֍]		१८५ <i>०</i> Knnjinad	
٩٠٩٩ἐ٧٩ ∐Kunjjnaraabik		Puvirnituq > & ⁵ ゅ ン ⁵ ・		Quaqtaq		Salluit ۲-۵۵	
□Tasiujaq Cィクト [®]		Umiujaq ひ てひら ^い					
TYPE OF DWELLING REQUESTED: 「もωΔ゚ンσ゚し ゚ωC ሒJ L ト゚しC: (You can select only one type of dwelling) (⟨⟨O⟩ ⟨ノ⟩⟨Γ゚ Δ゚ωΓ゚ (゚゚・゚ป゚ቈ) ∩゚)							
→ Family household ∆⊆רׁילארה ∆בּיּ							
→ M19 in Kangiqsualujj マアット・シャイペーシャイペーシャイペーシャイペーシャイペーシャイ							
→ Multi-generational ho ゚ Δ゚ ۵۰۵ ۵۰۵ ۵۰۵ ۲۰۵۹	useh	old 🗌					
Number of bedrooms in the house you are living in: ישני אר אר ישני ארי (בי מרי מרי ארי בי ארי בי ארי פרי ארי ווייען איני ארי בי ארי פרי ארי של ארי ארי ארי איני א							
Number of bedrooms requested : 'b ' ל כ ד י ' י י י ה ה ע כ י ר י (ב י ע ר ל ר י ר י) ב ב ל ר ב כ ר מ י							

_	CTION H – ELIGIBILITY: ልናጋረLኇኈ ኣ - ለJ˚싵ዾሰና		
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^\colon \beta^\colon \colon \	Yes □ ∢	No □ 4▷6
2.	Are you of full age (Age of 18 or over) or an emancipated minor? PPD กั่ ๕๒๔๔ (18 ๒%๒๕๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒ ๒	Yes ☐ ∢	No [] 106
3.	Are you a beneficiary of the James Bay and Northern Quebec Agreement? รัก V ปัง (รัก เกิด ประกับ ปังการเกา เกิด ประกับ วิ	Yes ☐ ∢	No
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'} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes □ ∢	No □ ∢▷Ь
5.	Do you have rent arrears with NHB anywhere in Nunavik? δ Δ ב ב ת א ל שר ל א ר ב ל א ל ל ה ב ב א ל ב ב א ל ל שב ה א ל ל ל שב ה א ל ל ל ל ל ל ל ל ל ל ל ל ל ל ל ל ל ל	Yes □ ∢	No □ 4▷6
6.	If you have rent arrears, did you already sign a payment agreement with NHB and are you respecting it? לףכיליפילי לייני לייני איריפילי איריפילי לייני איריפילי איריי אירי	Yes ☐ ḋ	No [] 106
7.	If you have rent arrears, are you willing and ready to sign a Deduction at Source (DAS) agreement between you and NHB? לְרְבֵּיִלְנְאָלְחִי מְבֵּיּלְנִילְנְאָלְחִי מְבֵּיּלְנִילְנְאָלְחִיְּרֶאְלִּחִיְּרֶאְלִּחִיּרְאָלְחִיּרְאָלְחִיּרְאָלְחִיּרְאָלְחִיּרְאָלְחִיּרְאָלְחִיּרְאָלְחִיּרְאָלְרְבִּיּרְיִּ לְחִבְּרִלְיִּלְיִּבְיִּרְיִּ בְּתְלְיִּלְיִּהְיֹּ יִ	Yes □ ∢	No 🗌 1 Þ b
8.	Have you been evicted from a NHB dwelling or have you abandoned a dwelling without notifying the NHB in the last 5 years? b\A^\ \au\-c-\il^\A^\-c-\A^\C\C\A\-\B\A\B\A	Yes □ ∢	No 🗌 1Db
	CTION I – PIVALLIANIQ CERTIFICATION: ʿϽґĹσ΅ ᇀ - ΛኖʹϲϤσʹͿʹ ΛͿʹͼσϚʹϹϷσ΅		

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

Δ˙¬ჼ Φን˙U˙ Δ˙¬Γν·ϧΠ∩˙→÷˙ Λζ˙-√σ-√Γ Φ϶Γ Φὶ ΩΓνλΤ ?

No □ 406

Yes □ ⁴

SECTION J – COMMENTS: るないつてしずい ケークでしていい。 IF YOU WANT TO MAKE COMMENTS, YOU かもりていいもうない。 なっこしゃしてもつのい:	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 THE REGIONAL DATABASE AT THE NUNAVIK HOUS	ROVIDED HEREIN IS TRUE AND COMPLETE AND I B BUREAU TO VERIFY THE INFORMATION AS IT ATION IS CONFIDENTIAL AND SHALL BE USED E DATA TO THE APPLICATION REGISTRY IN THE BING BUREAU. I FURTHERMORE ACCEPT THAT ON COULD EAD TO THE REJECTION OR
	L C'GA ASCALSADERTAETE GLEGES CONTRACTOR STREET OF STREE
APPLICANT'S SIGNATURE: Δ° ¬Ċᡪᠵᡧ᠑'᠔° ᡧᠬᡊᢧᠬᡭᢐᠲᡕ	DATE: ا%د ۴
CO- APPLICANT'S SIGNATURE: ∆° ⇒C๎ร๙๔%ก๐๙ํ ๔ก๛๖๎๘๛ํเ	DATE: هد عهد

RESERVED TO NHB ADMINISTRATION

Do not write anything in this section

 $b \cap A^{b}$ $a = c = \dot{L}^{c}$ $\Delta^{c} = c = c + b^{c} \cap C$ $\Delta^{c} = c + b^{c} \cap C$ $\Delta^{c} = c + b^{c} \cap C$ C^{ι} Le 4^{ι} C^{ι} Lo 4^{ι} Lo 4^{ι} C^{ι} Lo 4^{ι} Lo

THIS APPLICATION IS TO BE ENTERED IN THE REGIONAL DATABASE FOR APPLICATION'S REGISTRY 'C'` Δ'¬C5ΓδU ¬σ~--¡U1. 4, σCδ, Γ1Uδ, 4, σCδ, ΓβUδ, 4, σ

Step 1 - ピタ ー ご い し し し し し し し し し し し し し し し し し し	
Verified by local KMHB office: בפכינר Δ־ברת 6-bp אלינסלרלייה:	
Date : ۵- ما	
Name : ∢∩∿เ	



Reserved to NHB administration

Do not write anything in this section $b \cap A^b$ $\Delta C \subset L^c$ $\Delta^c \Delta C \wedge A^b \cap C$ $A^c \subset A^c \wedge b$ Crre declassione

Documents that must be annexed to the request form: 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 9, 0 4, 5, 1

- Copy of the social insurance card of the applicant and co-applicant;
- Copy of the JBNQA beneficiary card of the applicant and co-applicant; ∆°عز۶۲۹۶۱۳ کد ً
- Copy of the report requested for priority according to Section C 2 and C 3 of the present document; ለ৯. ← እት jTbU ላሚ j L ም. ር 5-L ሳ. Γ ም. ያ-L ላ. ሮ ብሀው Ċ٠٩٥٠:
- 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. ᢆᡷ᠋᠋᠌ᢑ᠙ᡃᢣᡪᡝᠳᢀᡶᠳ᠍᠈᠘ᡩ᠋ᠴĊᠻᡕ᠘ᡃᠫᡃ᠂᠘ᡩ᠋ᠴ᠊᠋ᠮ᠐ᡩᡌᡥᡳᡎᢗᠴ᠂ᢣᠬᡝᡈ᠘ᢣ᠋᠘ᡤ᠂, ، Ի۵۰۶۲٬۵۲۵ ۵۱۵ ۵۰۵۵ ۵۰٬۵۵۱۶ ۵۰٬۵۵۲ ۵۰٬۵۵۲۵ ۴۵۰۵۵ ۴۵۰۵۵۱۶



Step 2 - ეზს - 4

Entered by KMHB head office:

Date: ا⊸د َ ۵

Name: ۷∩∿L



Step 3 - A%L 4 4°

Verified and approved to be entered into applicants list of eligibility for housing in Nunavik 16L15604F4# 40L1CDY-7 ۵ د ۱۹۱۵ کا ک ک ک ک کا ۱۹۱۵ کی کا ۱۹۱۸ کی کا ۱۹۲۸ کی کا

ا⊸د ک

Name: մՈ∿L