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

APPLICANT'S NAME
ᐃᓪᓗᑖᕋᓱᐊᕐᔫᑉ ᐊᑎᖓ : _____

COMMUNITY
ᓄᓇᓕᖓ : _____

BENEFICIARY NUMBER
ᐃᓚᐅᔫᒍᑎᖓᒐᑦ ᑭᓯᑦᓯᒍᑎᖓ : _____

This form cannot be submitted online. Once completed and signed, submit it in person at your local NHB office.

DOCUMENTS THAT MUST BE ANNEXED TO THIS APPLICATION FORM:
ᐊᓪᓚᕐᑯᑏᑦ ᐃᓚᒋᔭᐅᒋᐊᓖᑦ ᐃᓪᓗᑖᕈᒪᐅᑎᒧᑦ:

- ☐ Copy of the social insurance card of the applicant and co-applicant.
  ᐃᓪᓗᑕᕋᓱᐊᕐᔫᑉ ᐱᓇᓱᒍᓐᓇᐅᑎᖓᒐᑦ ᑭᓯᑦᓯᒍᑎᖓ ᓱᒃᑭᑖᐱᒃ ᐊᑦᔨᓕᐅᕐᑕᐅᓯᒪᓗᓂ ᐃᓪᓗᑖᕋᓱᐊᖃᑎᖓᒐᑦᓗ.

- ☐ Copy of the JBNQA beneficiary card of the applicant and co-applicant.
  ᐃᓪᓗᑖᕋᓱᐊᕐᔫᑉ ᐃᓚᐅᔫᒍᑎᖓ ᐊᖏᕐᖃᑎᒌᓐᓂᒧᑦ ᓱᒃᑭᑖᐱᒃ ᐊᑦᔨᓕᐅᕐᑕᐅᓯᒪᓗᓂ ᐃᓪᓗᑖᕋᓱᐊᖃᑎᖓᒐᑦᓗ

- ☐ Proof of income of the applicant and co-applicant. If the applicant does not provide proof of income; use $80,001 as household total income.
  ᑮᓇᐅᕐᔭᕐᓂᖓᓂᒃ ᐃᓪᓗᑖᕋᓱᐊᕐᔫᑉ ᐃᓪᓗᒥᐅᖃᑎᖏᑦᑕᓗ ᓱᕐᕐᑯᐃᓱᒍᑏᑦ, ᑎᐊᖃᑐᐊᕈᑎᒃ. ᐃᓪᓗᑖᕋᓱᐊᕐᑐᖅ ᐃᓪᓗᒥᐅᖃᑎᖏᑦᓗ ᓄᐃᑦᓯᒍᒪᖕᖏᐸᑕ ᑮᓇᐅᕐᔭᕐᓂᕋᐅᑎᒥᓂᒃ; $80,001 ᐃᓗᐃᒃᑲᐅᑎᑦᓗᒋᑦ ᐃᓪᓗᒥᐅᖃᑎᒌᓄᑦ ᑮᓇᐅᕐᔭᕐᓇᔭᐅᑎᖕᖕᒍᐊᓇᐊᖑᑦ.

- ☐ Letter(s) of support or other documents requested for priority according to Section C of this application form.
  ᐊᓪᓚᒍᔭᐅᓯᒪᓗᓂ ᐅᕝᕙᓗᓐᓂᑦ ᐊᓪᓚᕐᑯᑎᖃᕐᓗᓂ ᓱᕗᓪᓕᐅᔭᐅᕐᑯᔨᒍᑎᓂᒃ ᒪᓕᓪᓗᒋᑦ ᐊᓪᓚᓯᒪᔪᑦ ᐊᕕᑦᑐᓯᒪᓂᖅ ᑕ-ᒥ ᑖᒃᑯᓇᓂ ᐃᓗᑖᕈᒪᐅᑎᓂ.

- ☐ For Cree applicants: Letter from the Cree Housing Council confirming the applicant does not have any rent arrears.
  ᐊᓪᓚᓄᑦ ᐃᓪᓗᑖᕈᒪᔪᓄᑦ: ᐊᓪᓚᕐᑯᑎᖃᕆᐊᖃᕐᑐᑦ ᐊᓪᓗᑦ ᐃᓪᓗᓕᕆᔨᖏᓐᓂᑦ ᐃᓪᓗᒥᒃ ᐊᑦᑕᑐᕈᑎᒥᓄᑦ ᐊᑭᓕᑦᓴᖃᖕᖏᓂᑐᔪᒥᒃ.

## SECTION A - APPLICANT INFORMATION
## ᐊᕕᑦᑐᓯᒪᓂᖅ ᐊ - ᐃᓪᓗᑖᕋᓱᐊᕐᑑᑉ ᑭᓇᐅᓂᖓ

Name: _____
ᐊᑎᖓ

Address: _____ (House number, P.O. Box)
ᑐᕋᕈᑎᖓ (ᐃᓪᓗᖓᑕ ᑭᓯᑦᓯᒍᑎᖓ, ᐊᓪᓚᑖᕐᕕᑎᒍᑦ ᑭᓯᑦᓯᒍᑎᖓ )

Community: _____
ᓄᓇᓕᖓ

Province: _____
ᓄᓇᖓᑕ ᐊᕕᑦᑐᓯᒪᓂᖓ

Postal Code: _____
ᐊᓪᓚᑖᕐᕕᑯᑦ ᓇᓗᓐᑯᑦᑕᖓ

Date of birth: _____
ᐃᓅᓕᕐᕕᖓ (Year/Month/Day)
(ᐊᕐᕋᒍᖓ/ᑕᕐᕿᖓ/ᐅᓪᓗᖓ)

Social Insurance Number: _____
ᐱᓇᓱᒍᓐᓇᐅᑎᑉᐱᑦ ᑭᓯᑦᓯᒍᑎᖓ

Email: _____
ᖃᕆᑕᐅᔭᒃᑯᑦ ᐊᓪᓚᖃᐅᑎᖓ

Home phone: _____
ᐊᓂᕐᕋᒥ ᐅᖅᑳᓚᐅᑎᖓ

Work phone: _____
ᐱᓇᓱᕝᕕᒥ ᐅᖅᑳᓚᐅᑎᖓ

Cellphone: _____
ᓇᕐᓴᑲᑦᑕᒐᖓ ᐅᖅᑳᓚᐅᑎᖓ

## CO-APPLICANT INFORMATION
## ᐃᓪᓗᑖᕋᓱᐊᖃᑎᐅᔪᑉ ᑭᓇᐅᓂᖓ

Name: _____
ᐊᑎᖓ

Address: _____ (House number, P.O. Box)
ᑐᕋᕈᑎᖓ (ᐃᓪᓗᖓᑕ ᑭᓯᑦᓯᒍᑎᖓ, ᐊᓪᓚᑖᕐᕕᑎᒍᑦ ᑭᓯᑦᓯᒍᑎᖓ)

Community: _____
ᓄᓇᓕᖓ

Province: _____
ᓄᓇᖓᑕ ᐊᕕᑦᑐᓯᒪᓂᖓ

Postal Code: _____
ᐊᓪᓚᑖᕐᕕᑯᑦ ᓇᓗᓐᑯᑦᑕᖓ

Date of birth: _____
ᐃᓅᓕᕐᕕᖓ (Year/Month/Day)
(ᐊᕐᕋᒍᖓ/ᑕᕐᕿᖓ/ᐅᓪᓗᖓ)

Social Insurance Number: _____
ᐱᓇᓱᒍᓐᓇᐅᑎᑉᐱᑦ ᑭᓯᑦᓯᒍᑎᖓ

Email: _____
ᖃᕆᑕᐅᔭᒃᑯᑦ ᐊᓪᓚᖃᐅᑎᖓ

Home phone: _____
ᐊᓂᕐᕋᒥ ᐅᖅᑳᓚᐅᑎᖓ

Work phone: _____
ᐱᓇᓱᕝᕕᒥ ᐅᖅᑳᓚᐅᑎᖓ

Cellphone:_____
ᓇᕐᓴᑲᑦᑕᒐᖓ ᐅᖅᑳᓚᐅᑎᖓ

## CONTACT PERSON (in case of absence):
## ᐅᖅᑳᓚᕕᐅᒍᓪᓇᑐᖅ ᓇᓂᔭᐅᕐᕐᑲᔭᖅᖅᑭᑉᑦ ᐃᓪᓗᑖᕈᒪᐅᑎᓚᐅᕐᓯᒪᔪᖅ

Name: _____
ᐊᑎᖓ

Email: _____
ᖃᕆᑕᐅᔭᒃᑯᑦ ᐊᓪᓚᖃᐅᑎᖓ

Home phone: _____
ᐊᓂᕐᕋᒥ ᐅᖅᑳᓚᐅᑎᖓ

Work phone: _____
ᐱᓇᓱᕝᕕᒥ ᐅᖅᑳᓚᐅᑎᖓ

Cellphone: _____
ᓇᕐᓴᑲᑦᑕᒐᖓ ᐅᖅᑳᓚᐅᑎᖓ

## PIVALLIANIQ CERTIFICATION:
## ᐱᕝᕙᓪᓕᐊᓂᕐᒧᑦ ᐱᒍᓐᓇᓂᕐᕐᑕᐅᓂᖅ

**Are you or your present household certified under the PIVALLIANIQ program?** Yes ☐ No ☐
**ᐃᓪᓗᖅ ᐊᑐᕐᒐᑦ ᐃᓪᓗᒥᐅᖃᑎᑎᓪᓘᓃᑦ ᐱᕝᕙᓪᓕᐊᓂᕐᒥᒃ ᐊᑐᕈᓐᓇᑎᑕᐅᕕᓯ ?** ᐊᑦ ᐊᐅᒃ

## SECTION B - HOUSEHOLD COMPOSITION
## ᐊᕕᑦᑐᓯᒪᓂᖅ ᐸ - ᐃᓪᓗᒥᐅᖅᑲᑎᑏᑦ ᖃᓄᐃᓕᖓᓂᖕᒋᑦ

Please provide the names and information for all individuals currently living with you at the address indicated above, as well as the names and information of all individuals who will be moving with you to the new house.
ᐊᑎᖕᒋᑦ ᐃᓪᓗᒥᐅᖅᑲᑎᑦ ᐊᓪᓚᓗᒋᑦ ᖁᓛᓂ ᑐᕌᕈᑎᒥ ᐊᓪᓚᓯᒪᔭᖅᓂ, ᐊᑎᖕᒋᓪᓗ ᓄᑦᑎᖅᑲᑎᒋᓛᖅᑕᑦ ᓄᑖᒧᑦ ᐃᓪᓗᒧᑦ ᐊᓪᓚᓗᒋᑦ.

Using the last column, please indicate if:
ᑭᖕᒍᓪᓕᐹᓃᑦᑐᓂ ᐊᓪᓚᓗᑎᑦ, ᐊᓪᓚᒋᑦ ᐃᒥᑦᑑᒍᕕᑦ:

- the person will be moving with you into the new house - (MOVE)
  ᓄᑖᒧᑦ ᐃᓪᓗᒧᑦ ᓄᑦᑎᖅᑲᑎᒋᓛᖅᑐᑦ (ᓄᑦᑎᖅ)

- the person will be joining it (leaving their household to move in with you in the new household) - (JOIN)
  ᐅᓇ ᐅᕝᓃᓛᖅᑐᖅ ᑐᕌᕈᑎᒥ (ᑐᑲᓃᓛᖅᑐᖅ)

- the person will be staying at the current address - (STAY)
  ᐅᓇ ᓄᑦᑎᖅᑲᑎᒋᓛᖅᑕᕋ (ᐊᓂᖅᕋᒥᓂᑦ ᐊᓂᓗᓂ ᐃᓕᓐᓄᑦ ᓄᑦᑎᖅᑲᑎᐅᓗᓂ) (ᐁᐸᐸᕆᓛᖅᑐᑦ)

| Surname<br>ᐊᑎᓕᖅᑭᖕᒐ | Given Name<br>ᐊᑎᖕᒐ | Date of Birth<br>day/month/year<br>ᐃᓃᓕᖅᕕᖕᒐ<br>ᐅᓪᓗᖕᒐ/ᑕᖅᑭᖕᒐ/ᐊᖅᑦᒍ<br>ᖕᒐ | Gender<br>ᐊᖅᓇᐅᓂ<br>ᖕᒐ /<br>ᐊᖕᒍᑎᐅᓂ<br>ᖕᒐ | Relationship<br>ᐃᓪᓗᑖᕋᓯᐊᖅᑐᒥᒃ<br>ᑭᓇᖃᖅᓃᑦ | Move, Stay, Join<br>ᓃᓕᖕᒐᔪᖅ<br>ᓚᖕᒐᖕᖕᑎᑐᖅᑑᓃᑦ |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## SECTION C - TYPE OF APPLICATION
## ᐊᕕᑦᑐᓯᒪᓂᖅ C - ᖃᓄᐃᑦᑑᓂᖓ ᐃᓪᓗᓕᕆᔨᒃᑯᖏᓐᓂ ᐊᑦᑕᑐᕈᒪᒍᑎᖓ

Are you currently a tenant of the NHB?
ᓄᓇᕗᒻᒥ ᐃᓪᓗᓕᕆᔨᒃᑯᓂᑦ ᐃᓪᓗᒥᒃ ᐊᑦᑕᑐᐊᖃᕐᕿᑦ ?

Yes ᐋ ☐ No ᐊᐅᒃ ☐

Type of Application (Select only ONE type of application):
ᖃᓄᐃᑦᑑᓂᖓ ᐃᓪᓗᓕᕆᔨᒃᑯᖏᓐᓂ ᐊᑦᑕᑐᕈᒪᒍᑎᖓ (ᐊᑕᐅᓯᑐᐊᒥᒃ ᑕᕐᓱᑎᐊᖃᕐᑐᑎᑦ ᐃᓪᓗᑖᕈᒪᐅᑎᓐᓂᒃ)

→ New application: ☐
ᓄᑖᖅ ᐃᓪᓗᑖᕈᒪᐅᑎᐅᑎ ᐊᖏᖓᑐᖅ

→ Application renewal: ☐
ᐃᓪᓗᑖᕈᒪᐅᑎᒥᒃ ᓄᑕᐅᓯᑕ ᑎᕆᒍᑎᒃ

→ Relocation request: ☐
ᓄᑦᑎᑎᕈᒪᐅᑎᒃ

→ Trade request: ☐
ᑕᐅᕐᓱᕐᖃᑎᕐᖃᕈᒪᒍᑎ

## SECTION D - DESIRED COMMUNITY FOR HOUSING IN NUNAVIK
## ᐊᕕᑦᑐᓯᒪᓂᖅ ᑲ - ᐃᓪᓗᑖᕐᕕᑎᒍᒪᔪᑦ ᓄᓇᓕᒃ ᓄᓇᕗᒻᒥ

You can select 2 communities
ᒪᕐᕉᓂᒃ ᓄᓇᓖᓐᓂᒃ ᓇᓪᓕᒃᑲᒍᓐᓇᑐᑎᑦ

| | | | |
|---|---|---|---|
| ☐ Akulivik ᐊᑯᓕᕕᒃ | ☐ Aupaluk ᐊᐅᐸᓗᒃ | ☐ Inukjuak ᐃᓄᑦᔪᐊᖅ | ☐ Ivujjivik ᐃᕗᔨᕕᒃ |
| ☐ Kangiqsualujjuaq ᑲᖏᕐᓱᐊᓗᒃᔪᐊᖅ | ☐ Kangiqsujuaq ᑲᖏᕐᓱᔪᐊᖅ | ☐ Kangirsuk ᑲᖏᕐᓱᖅ | ☐ Kuujjuaq ᑰᒃᔪᐊᖅ |
| ☐ Kuujjuaraapik ᑰᒃᔪᐊᕋᐱᒃ | ☐ Puvirnituq ᐳᕕᕐᓂᑐᖅ | ☐ Quaqtaq ᖁᐊᕐᑕᖅ | ☐ Salluit ᓴᓪᓗᐃᑦ |
| ☐ Tasiujaq ᑕᓯᐅᔭᖅ | ☐ Umiujaq ᐅᒥᐅᔭᖅ | | |

**TYPE OF DWELLING REQUESTED:**
**ᖃᓄᐃᑦᑑᓂᖓ ᐃᓪᓗᑕᕆᒍᒪᔭᖓᑕ:**

Number of bedrooms in the house you are living in: _____
*(If you do not currently have a permanent home, please indicate 0)*
*ᖃᕆᐊᑦ ᖃᑦᓯᐅᓂᖏᑦ ᒫᓐᓇ ᐃᓪᓗᒥ ᓇᔪᕐᑕᓂ (ᐊᓂᕐᕐᖃᖓᖏᑯᕕᑦ, ᐊᓪᓚᓗᑎᑦ 0)*

Number of bedrooms requested: _____
ᐃᓪᓗᑖᕐᓂ ᖃᕆᐊᕆᒍᒪᔭᕐᐱᑦ ᖃᑦᓯᐅᓂᖏᑦ

Quaqtaq and Salluit only:
ᖁᐊᕐᑕᒥ ᓴᓪᓗᓂᓗ ᑭᓯᐊᓂ:

→ Family household ☐
ᐃᓚᑏᑦᓯᐅᑎ ᐃᓪᓗᖅ

→ Multi-generational household ☐
ᑭᖑᔫᕆᓄᑦ ᐃᓪᓗᖅ

## SECTION E - ELIGIBILITY
## ᐊᕕᑦᑐᓯᒪᓂᖅ - ᐱᒍᓐᓇᐅᑎ

1. Are you able to take care of your essential needs (personal care and ordinary household tasks) independently, with outside help or with the help of a caregiver? ᓇᒻᒥᓃᖅ ᐆᒪᒐᓱᐊᕈᓐᓇᕿᑦ (ᓇᒻᒥᓂᖅ ᑲᒪᑦᓯᐊᓗᑎᑦ ᐃᑦᓗᒥᑦᓗ ᑲᒪᓗᑎᑦ) ᐃᒻᒥᓂᕿᒍᓐᓇᓱᐊᕐᓗᑎᑦ, ᓯᓚᑖᓂᑦ ᐃᑲᔪᕐᑕᐅᓗᑎᑦ ᐅᕝᕙᓗᓗᓐᓃᑦ ᑲᒪᔨᒧᑦ ᐃᑲᔪᕐᑕᐅᓗᑎᑦ ?

2. Are you able to pay your rent every month? ᑕᕐᕿᑕᒫᑦ ᐃᑦᓗᒥᒃ ᐊᑭᓕᕐᑐᐃᒍᓐᓇᕿᑦ ?

3. Are you of full age (18 or over) or an emancipated minor? ᐅᑭᐅᑏᑦ ᓈᒻᒪᖅᑲᑦ (18 ᐅᖓᑖᓂᓗᓐᓃᑦ) ᐅᕝᕙᓗ ᐅᑭᐅᑭᑦᑑᖏᓐᓇᕋᓗᐊᕐᓯᑎᑦ ᐱᒍᓐᓇᐅᑎᑖᕐᓯᒪᕕᑦ ?

4. Are you a beneficiary of the James Bay and Northern Quebec Agreement or any other Inuit agreement? ᓴᒥᓯ ᐯᑉ ᑯᐯᑦᓗ ᑕᕐᕋᖓᑕ ᐊᖏᕐᑲᑎᑏᓐᓂᖓᓄᑦ ᐃᓚᐅᔫᕕᑦ ᐅᕝᕙᓗᓗᓐᓃᑦ ᐊᓯᖏᓐᓄᑦ ᐃᓄᐃᑦ ᐊᖏᕐᑲᑎᑏᒍᑎᖏᓐᓄᑦ ?

5. If you are not a beneficiary of the James Bay and Northern Quebec Agreement or any other Inuit Agreement, have you resided in the Inuit community selected in Section D for a period of at least 12 consecutive months before filing a social housing application or a renewal? ᐃᓚᐅᔫᖏᑯᕕᑦ ᓴᒥᓯ ᐯᑉ ᑯᐯᑦᓗ ᑕᕐᕋᖓᑕ ᐊᖏᕐᑲᑎᑏᓐᓂᖓᓄᑦ ᐊᓯᖏᓐᓄᓗᓐᓃᑦ ᐃᓄᐃᑦ ᐊᖏᕐᑲᑎᑏᒍᑎᖏᓐᓄᑦ, ᓇᑦᑕᑑᔭᐅᓯᒪᔪᒥ D-ᒥᑦᑐᒥ ᓄᓇᕐᑲᓚᐅᕐᓯᒪᕕᑦ ᑕᕐᕿᓂᒃ 12-ᓂᒃ ᐃᑦᓗᑖᕋᓱᐊᓚᐅᕐᓇᒃ ᓄᑕᐅᓯᓕᕐᑎᕆᓚᐅᕐᓇᓗᓐᓃᑦ?

6. Do you have rent arrears with NHB anywhere in Nunavik? ᐊᑭᓕᕐᓴᕐᑲᕐᕐᑮᑦ ᓄᓇᕕᒻᒥ ᓄᓇᓕᓕᒫᓂ ᐃᑦᓗᓕᕆᔨᓄᑦ ᓇᑦᓕᐊᓂ ᓄᓇᓕᒻᒥ ᓄᓇᕕᒻᒥ ?

If no, please skip to Question 7. ᐊᐅᑑᑭᕕᑦ, ᐊᑦᓗᓗᒍ ᐊᐱᕆᐅᑎ 7-ᒦᑦᑐᖅ.
If yes: ᐊᖏᖏᒫᕈᕕᑦ:

a) Did you already sign a payment agreement with NHB? ᐊᑭᓕᕐᑐᐃᒍᑎᑦᓴᑎᓐᓃᑦᑐ ᐊᑎᓕᐅᖅᑲᑎᖅᑲᕐᓯᒪᓕᕐᕐᑭᑦ ᓄᓇᕕᒻᒥ ᐃᑦᓗᓕᕆᔨᓂᑦᑐ? Yes ᐋ ☐ No ᐊᐅᑲ ☐

b) Are you respecting the payment agreement? ᐊᑭᓕᕐᑐᕆᐊᓕᑎᓐᓃᑦᑐ ᐊᖏᕐᓯᒪᔭᑎᓐᓂᑦᑐ ᐊᑭᓕᕐᑐᐃᓱᐊᖅᑲᑦᑕᕐᕐᑭᑦ ? Yes ᐋ ☐ No ᐊᐅᑲ ☐

c) Would you be willing to sign a Deduction at source agreement? ᐊᖏᕋᔭᕐᕐᑮᑦ ᑮᓇᐅᑦᔭᓴᑎᑦ ᐊᑭᓖᒍᑎᓂᑦᑐ ᐃᓚᖏᑕᐅᖅᑲᑦᑕᕋᔭᕐᑎᓗᑎᑦ ? Yes ᐋ ☐ No ᐊᐅᑲ ☐

7. Have you been evicted from a NHB dwelling or have you abandoned a dwelling without notifying the NHB in the last 5 years? ᐊᓂᑎᑕᐅᓚᐅᕐᓯᒪᕕᑦ ᐃᑦᓗᒻᒥᑦ ᐊᑦᑕᑐᕐᑕᓂᑦᑐ ᓄᓇᕕᒻᒥ ᐃᑦᓗᓕᕆᔨᒃᑯᓂᑦ ᐅᕝᕙᓗᓗᓐᓃᑦ ᐃᑦᓗᒥᒃ ᐊᑦᑕᑐᕐᑕᓂᑦᑐ ᐃᐱᔅᓐᓂᓚᐅᕐᓯᒪᕕᑦ ᐊᕐᕌᒍᓂ ᑕᑦᓕᒪᓂ ᐊᓂᒍᕐᑐᓂ ? Yes ᐋ ☐ No ᐊᐅᑲ ☐

a) If yes, please specify why you were evicted: ᐊᖏᕈᕕᑦ, ᐅᖃᕐᓗᑎᑦ ᓯᒧᑦ ᐊᓂᑎᑕᐅᕐᓂᒪᖓᕐᐱᑦ

Arrears ᐊᑭᓕᕐᓴᑦ ☐ Destruction of property ᐃᑦᓗᓇᔭᐅᔪᒥᒃ ᓯᕐᑯᑦᑎᐊᖃᕐᓂᖅ ☐ Abandonment ᐃᐱᔅᓐᓂᓂᖅ ☐

## SECTION F - PRIORITY
## ᐊᕕᑦᑐᓯᒪᓂᖅ - ᓯᕗᓪᓕᐸᐅᑦᔭᐅᔪᑦᔭᐅᓚᕿᒍᑎᐅᒍᓐᓇᑐᑦ

Is there any reason you feel your application should be prioritized? Yes ☐ No ☐
If yes, why?
ᐃᓪᓗᑖᕈᒪᐅᑎᑏᑦ ᓯᕗᓪᓕᐅᔭᐅᔪᑦᔭᑯᑎᒋᕙᑎᑦ ᓱᒧᑦ ? ᐊᖏᕈᕕᑦ, ᓱᒧᑦ ?

ᐊᑦᑐᑖᕈᒪᐅᑎᑏᑦ ᓯᕗᓪᓕᐅᔭᐅᔪᑦᔭᑯᑎᒋᕙᑎᑦ ᓱᒧᑦ ? ᐊᖏᕈᕕᑦ, ᓱᒧᑦ ?

*Please make surethat you include any letters of support that substantiate giving you priority. Type of letters accepted : mayor, employer, social worker, doctor letter or police report.*

*ᐃᓇᒋᔭᐅᑎᑦᓯᓗᑎᑦ ᐊᑦᓚᓯᒪᔪᓂᒃ ᓯᕗᓪᓕᐅᔭᐅᖏᐊᖃᑦᓂᓂᒃ ᐃᑲᔪᑦᓯᔪᓂᒃ. ᐊᖏᑦᑕᐅᒍᓐᓇᑐᑦ ᐊᑦᓚᓯᒪᔪᑦ: ᓄᓇᓕᐅᑉ ᓯᕗᓕᑦᑎᖓᓂᑦ, ᐱᓇᓱᕝᕕᓂᑦ, ᐃᓄᓕᓇᔨᒃᑯᓂᑦ, ᐋᓐᓂᐊᓯᐅᑦᑎᒪᓇᒻᒥᑦ ᐅᕝᕙᓗᓗᓐᓃᑦ ᐳᓖᓯᒃᑯᓂᑦ.*

*I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE AND I AUTHORIZE THE NUNAVIK 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 NUNAVIK HOUSING BUREAU. I FURTHERMORE ACCEPT THAT ANY FALSE OR INCOMPLETE DECLARATION COULD LEAD TO THE REJECTION OR CANCELLATION OF MY APPLICATION*

ᓱᓕᓂᑐᕗᖓ ᑐᑭᓯᑎᑦᓯᒍᑏᑦ ᑖᒃᑯᓇᓂ ᐊᑦᓚᓯᒪᔪᓂ ᓱᓕᓂᕋᑦᓯᑎᑦ ᓱᓇᒥᑦᓯᐊᓂᕋᑦᓯᑎᑦᓗ ᐊᒻᒪᓗ ᓄᓇᕕᒻᒥ ᐃᑦᓗᓕᕆᔨᓂᒃ ᐊᖏᑦᕈᖓ ᑖᒃᑯᓂᖓ ᑐᑭᓯᓴᕈᓐᓇᓂᐊᑦᑎᓗᑎᑦ ᓱᓕᑦᓯᐊᒪᖕᒑᑕ ᑐᑭᓯᑦᓯᖓᓗ ᐅᖃᔭᒍᑕᐅᓂᐊᖏᓐᓂᖏᓐᓂᒃ ᐊᑦᓚᑕᐅᓯᒪᕕᒻᒧᑦ ᐃᓚᐅᓂᐊᑦᑎᓗᑎᑦ ᐱᔭᐅᓂᖏᓐᓂᒃ ᓄᓇᓕᓕᒫᑎᒍᑦ ᐊᑦᓚᑕᐅᓯᒪᕕᒻᒥ ᓄᓇᕕᒻᒥ ᐃᑦᓗᓕᕆᔨᓂ, ᐊᖏᕆᐊᑦᓚᒥᑦᓯᖓᓗ ᓱᓕᖕᖏᑐᑦᑕᖃᑦᓂᐸᑕ ᐃᓚᑰᓐᓂᐸᑕᓗᓐᓃᑦ ᐃᑦᓗᑖᕈᒪᐅᑎᒃᑲ ᕿᐱᓗᑦᑕᐅᒍᓐᓇᓂᖏᓐᓂᒃ ᖁᔭᓈᑦᑕᐅᓗᑎᓗᓐᓃᑦ

APPLICANT'S SIGNATURE: _____ DATE: _____
ᐃᑦᓗᑖᕋᓯᐊᕐᔫᑉ ᐊᑎᓕᐅᕐᕕᖓ ᐅᑦᓗᖓ

CO-APPLICANT'S SIGNATURE: _____ DATE: _____
ᐃᑦᓗᑖᕋᓯᐊᖃᑕᐅᔫᑉ ᐊᑎᓕᐅᕐᕕᖓ ᐅᑦᓗᖓ