

1 Privacy consent

A Declaration

The Department of Growth and Development (the Department), under the Government of Nova Scotia, collects the personal information provided through this application as authorized by the *Freedom of Information and Protection of Privacy Act* (FOIPOP) and relevant program legislation.

For more information on how the Government of Nova Scotia protects your privacy, review our full privacy statement (www.novascotia.ca/privacy). If you have questions about how your personal information is handled under this program, contact us at 1-833-424-7711.

Your information is collected, used and disclosed for the following purposes:

- Confirm the identity of applicants and household members and determine eligibility for the program.
- Communicate with you regarding your application and program participation.
- Verify and validate the information, statements, and documents provided to maintain program integrity and ensure compliance with eligibility requirements.
- Process your application and provide appropriate program support and financial assistance.
- Confirm with the Nova Scotia Provincial Housing Agency whether you are a tenant of public housing and that you do not owe money to public housing. This is required to determine your eligibility for a rent supplement. Also, to notify the Nova Scotia Provincial Housing Agency that you have applied for a rent supplement.
- If applicable, confirm with the Department of Opportunities and Social Development if you are in receipt of Income Assistance and/or Disability Support and if so, to confirm the amount received. This is required to determine your eligibility for a rent supplement.
- If applicable, confirm your housing situation and communicate with a support agency that you are working with to secure housing. A support agency may include a Housing Support Organization where there is a written support agreement in place, or a referral agency that has provided an attestation on your behalf.
- Ensure your application is not duplicated and that all dependents and household members are included as appropriate.
- Support accurate reporting and fulfill our responsibilities under provincial and federal agreements and policies.

The Department will use and disclose your personal information only for the purposes stated above, unless otherwise authorized or required by law.

By submitting this application, I/we acknowledge and consent to the use and disclosure of my/our information as described in this notice.

B Acknowledgment

I/we have read, understood, and agree to the statements in this consent form.

C Apply online

Apply online at:
<https://novascotia.ca/apply-survivors-gender-based-violence-housing-benefit>



2 Applicant

A Primary applicant information (fill out this section with your information)

Required: Sign **Section 10 - Declaration and consent with signature.**

Full name (first and last, as it appears on your Notice of Assessment from the Canada Revenue Agency)

Gender
 Man (boy) Woman (girl) Prefer not to say Let me specify Describe in your own words

Date of birth **Social Insurance Number** **Are you currently a refugee claimant?**
 Yes
DAY MONTH YEAR (You will need to provide proof of your refugee claimant status)
 No

B Contact information

? Only provide contact information where it is safe to contact you.

How would you prefer we communicate with you?
 Email (we may email you updates about your application)

 Telephone (best weekday number)

 Support worker who signed my attestation

3 Applicant address

Do you know the address where you will be living? Yes No
(If you don't know where you will be living, you may still apply. You must provide this information within 90 days. We cannot issue a benefit until we receive your lease or proof of rental.)

! If you know the address, fill out this section

Street address (include street number and name, and unit, suite or apartment number)

City/Town/Community **County** **Province** **Postal code**

3 Applicant address (continued)

! If your mailing address is different from your address, OR if you want to give us a safe mailing address, fill out this section

Mailing address (include street number and name, unit, suite or apartment number, or P.O. Box, or RR#)

City/Town/Community	County	Province	Postal code
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

4 Household composition

Household members are any adults or minors who live at your address, including roommates, dependent and non-dependent children.

A Household members (list all people living in the home, not including the primary applicant)

Full name (first and last)	Date of birth (day-month-year)	Gender	Social Insurance Number (SIN) *	Relationship to applicant
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/> <input style="width: 25%; height: 25px;" type="text"/> <input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
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! * SIN numbers are only required for those over 18 years of age

5 Current housing situation

A Housing information

What is your current housing situation?

I rent and am planning to stay where I'm at.
 I own my home and am planning to stay where I'm at.
 I am unhoused and/or staying somewhere temporarily and am actively looking for a unit. *

? * A lease will be required for us to process your application. You are welcome to submit an application without a lease but you must provide a lease within 90 days for us to proceed with your application.

What type of unit do you live in?

Private unit / apartment
 Rooming home
 Basement suite
 Backyard suite
 Mobile / mini home
 Housing co-operative
 Hotel / motel
 Owned property

What is the size of your current unit?

Bachelor/studio (combined living/bedroom space)
 One-bedroom
 Two-bedroom
 Three-bedroom or more

5 Current housing situation (continued)

B Property ownership

Do you currently own any residential property? (Residential property includes houses, condos, or other places people live.)

Yes * No

! * If you answered "Yes," fill out Section 5C below.

C Living arrangements for owned property

Are you currently living in any of the residential property you own?

Yes No

Who is currently living in the property or properties you own?

Former partner Tenants Family members Other No one

6 Authorization for Electronic Funds Transfer

? To set up direct deposit, you must submit your banking information with this application.
Your bank statement will show all deposits made by the *Province of Nova Scotia*.

A Start direct deposit or change existing information

Start direct deposit

Change my direct deposit information

Effective date of change
DAY MONTH YEAR

B Confirmation of deposits

! If you choose to receive email notifications, we will send an email each time a deposit is made to your account.

Do you want to receive deposit confirmation emails?

Yes – Send deposit confirmation emails to:

No – I do not want to receive deposit confirmation emails.

6 Authorization for Electronic Funds Transfer (continued)

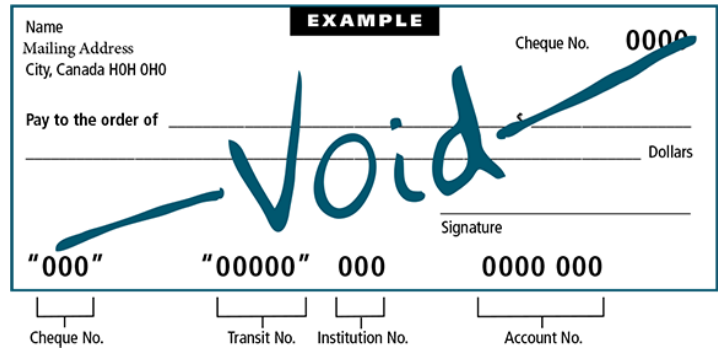
C Void cheque (If you are attaching a blank cheque, fill out this section.)

! Required document: Attach a blank cheque with VOID written across the front.

Attached a void cheque

Type of account

Chequing Savings



D Without a void cheque

! Required document: This section must be completed by your bank if you do not have a cheque to attach.

Type of account Chequing Savings

Name of bank or other financial institution

Address of branch where account is held

Transit number

Institution number

Account number

Account holder name

Teller stamp

E Authorize Electronic Payments

I authorize the Department of Growth and Development to deposit, by electronic fund transfer, payments owed to me by the Province of Nova Scotia and, if necessary, to debit entries and adjustments for amounts deposited electronically in error. The Department will deposit the payment in the banking account designated above. I recognize that if I give incomplete or inaccurate information on this form, payments may be made to the wrong account.

Name

Signature

7 Declaration and consent with signature

A Legal declaration

To continue with your application, you (the applicant and any household members over 18 who are not in school) must read and agree to the terms below. This section is your legal agreement with the Department of Growth and Development (the Department).

- The information provided in this application is true and complete with documentation available to confirm that, if needed.
- If information is missing from this application, I/we understand that I/we have to submit missing documentation by the time indicated by the program or my/our case will be closed.
- If, during the application review, any information is found to be false or misleading, the Department reserves the right to cancel the application without assuming responsibility for any resulting losses.
- If any of the information in this application changes, such as address or household income, I/we must tell the Department right away. This still applies even if the application has already been approved or I/we have started receiving a rent supplement.
- If my/our application is approved, the money must be used to pay housing costs.
- I/we understand that our eligibility must be confirmed every year to keep getting support. If my/our situation changes or I/we no longer qualify, the amount I/we receive might change or stop. The Department is not responsible for any losses if that happens.
- I/we understand that we cannot receive a rent supplement while living in public housing. I/we will notify the Department prior to moving into a public housing unit, if applicable.
- I/we had the chance to ask questions about anything we didn't understand in this application.

By submitting an application to this program, you affirm that all information provided is truthful, complete, and accurate to the best of your knowledge. Any intentional misrepresentation, omission of material information, or submission of false or fraudulent documentation shall constitute grounds for denial of the application. If such misrepresentations or omissions are discovered after approval, the applicant may be subject to termination and required to reimburse improperly received benefits. Violations may also be reported to authorities prosecution. The act of submitting an application shall be deemed acceptance of and consent to these terms and conditions.

B Applicant signature

Primary applicant name	Signature
<input type="text"/>	_____
<input type="checkbox"/> I/we have read, understood, and agree to the statements in this declaration	Date <input type="text"/> <input type="text"/> <input type="text"/>
	DAY MONTH YEAR

8 Completed application (return this application and all required supporting documents)

Email

gbvprogram@novascotia.ca

Mailing address

Department of Growth and Development
Attn: Housing Benefit Unit
P.O. Box 702 Stn
Halifax, Nova Scotia B3J 2T3

Need help?

You can contact the program by phone at **902-219-3228**.

8 Self-identification (voluntary)



We invite you and your household to voluntarily self-identify your gender, race and disabilities. This will not affect your eligibility. The Department of Growth and Development collects this information to better tailor housing supports to the diverse needs of Nova Scotians.

A Learn more about why we collect this information and how it will be used

The Department of Growth and Development's Housing support programs are collecting self-identification information to create a more accurate picture of the clients and communities we serve. We are committed to providing support that reflects the unique needs of all Nova Scotians.

To do this effectively, we encourage you to consider sharing information about yourself and your household with us.

We understand that self-identification can be deeply personal. If you don't feel comfortable sharing at this time, you can disclose later – **your participation is completely voluntary.**

By self-identifying, you're helping us:

- Better understand your wants and needs
- Tailor our programs, policies, and funding to support you more effectively
- Improve how we communicate, ensuring it is relevant and meaningful to everyone we serve
- Direct funding to the areas where it will make the biggest impact
- Your information will be kept private and confidential

While questions around self-identification are included on all Housing application forms, clients are not required to self-identify and your decision to self-identify or not will not affect your application.

However, by self-identifying, your input helps us foster a more welcoming and supportive environment for all.

B Gender

What categories do you or someone in your household currently identify with?

Select all genders that apply

Man
 Trans
 Two-spirit
 Women
 Prefer not to answer

Gender diverse

Describe in your own words

I use different language to self-identify

Describe in your own words

C Disabilities

Do you or someone in your household identify as a person with one or more disabilities?

Yes
 No
 Do not know
 Prefer not to answer

8 Self-identification (voluntary) continued



We invite you and your household to voluntarily self-identify your gender, race and disabilities. This will not affect your eligibility. The Department of Growth and Development collects this information to better tailor housing supports to the diverse needs of Nova Scotians.

D Race

In Nova Scotia, people are often described by their race or racial identity. These identities are social and historical descriptions, and do not have a scientific basis.

Which race categories do you or someone in your household identify with?

Select all race categories that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Black
African Nova Scotian, African Canadian, African descent, Afro-Caribbean descent | <input type="checkbox"/> South Asian
South Asian descent (eg. Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan) | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> East Asian
Chinese, Japanese, Korean, Taiwanese descent | <input type="checkbox"/> Southeast Asian
Southeast Asian descent (eg. Cambodian, Filipino, Indonesian, Thai, Vietnamese) | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Latin American
Hispanic or Latin American descent | <input type="checkbox"/> White
European descent | <input type="checkbox"/> See Indigenous Identity below |
| <input type="checkbox"/> Middle Eastern or North African
Arab, Persian, West Asian descent (eg. Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish) | <input type="checkbox"/> I use different identifier to self-identify | Describe in your own words
<input type="text"/> |

E Indigenous Identity

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Inuk/Inuit | <input type="checkbox"/> I use different identifier to self-identify | Describe in your own words
<input type="text"/> |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Métis
Canada-Métis Nation Accord | <input type="checkbox"/> Do not know | |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Non-Status | <input type="checkbox"/> Prefer not to answer | |

F Mi'kmaw

Do you or someone in your household identify as Mi'kmaw?

- Yes
 No
 Do not know
 Prefer not to answer