



# NUNAVUT HOUSEHOLD ALLOWANCE (NHA) PROGRAM GUIDELINES

---

## 1. Objective

The Nunavut Household Allowance program (NHA) is a taxable allowance for eligible employees designed to offset some of the costs of owning or renting a home in the territory.

## 2. Summary

The NHA is a program for indeterminate and term employees, or casual employees beyond 6 months of continuous employment, with the Government of Nunavut or the Legislative Assembly who own a home or are renting a home on the private market, and paying rent at or above the rental rent threshold.

A monthly taxable allowance of \$1,000, paid through the Government of Nunavut payroll system, is available to eligible employees on a per household basis.

## 3. Roles and Responsibilities

### Government of Nunavut

The Government of Nunavut, through the Department of Finance, administers the NHA.

### Department of Finance

The Department of Finance is responsible for the administration of the policy, including tracking and processing applications, and managing all allowance payments.

## 4. Definitions

The following terms apply in this policy:

Allowance - The set of payments the GN pays to a specific eligible applicant or co-applicants under the NHA. The current allowance amount is \$1,000 per month, per household.

Applicant - An indeterminate or term employee, or a casual employee with 6 or more months of continuous service, with the GN or the Legislative Assembly of Nunavut who submits an application for the NHA.

Application - The form(s) submitted by an applicant to enroll in the NHA program.

Co-Applicant - Defined as an "applicant" that is a second resident of a rental unit or owned home, who is included on, or added to, an NHA application.

- A co-applicant must meet all NHA program eligibility requirements.

- If an eligible co-applicant is added to or included on an NHA application, the allowance will be split 50/50 between the applicant and co-applicant.

Number of bedrooms - Used for determining rental rate thresholds, Number of Bedrooms means the number of bedrooms in a rental unit. For the purposes of determining eligibility for the NHA, the rental rate of one bedroom in a shared multi-bedroom unit is equivalent to the rate of a bachelor unit.

Principal Residence - The primary location that a person inhabits in Nunavut. An individual can only have one principal residence, even if they own or rent more than one property.

Purchase date of home - The first day the applicant moved into their house after they officially took ownership of their home or started a tenancy-at-will at or above the rental rate threshold.

Rental commencement date - The date the applicant moved into their rental unit and started paying rent.

Rental Rate Threshold - Applies to rental units only, and represents the minimum amount an applicant must be paying in rent each month to be eligible to receive, the allowance. The rate is determined by the Department of Finance, and will be reviewed periodically. Current thresholds can be found in Appendix A.

Retroactive ("retro") payments - NHA payments that may be provided to an applicant, based on past eligibility for the allowance. Retroactive payments may be available for new applicants, or applicants returning from leave, and are provided in lump-sum, upon application approval.

Update Request - A formal request by an applicant or co-applicant to change information about themselves and/or their housing situation, as it relates to the NHA. Any update request must be made on the form found in Appendix C, of these guidelines.

## **5. Contribution**

Through the NHA, eligible recipients can receive a total of \$1,000 per month, per household. The contribution is payable only through GN payroll, and is a taxable benefit.

## **6. Eligibility Requirements**

- Applicants must be an indeterminate or term employee, or a casual employee with 6 or more months of continuous service, with the GN or the Legislative Assembly of Nunavut.
- Applicants must not be receiving any form of housing subsidy, including subsidized GN or federal staff housing, public housing, or any other housing allowance.
- Applicants must own a home or rent a home at or above the rental rate threshold in Nunavut.
- Applicants must occupy the home or rental unit in Nunavut as their principal residence.
- There may be circumstances that allow for eligibility to the program outside of the requirements set above. For clarity on eligibility, please contact the Department of Finance.

## **7. Co-Applicants**

Two applicants that are sharing a private accommodation, and both meet the required eligibility criteria, may request to have the household allowance evenly split (50/50) between them.

To be eligible for the allowance split, applicants must apply for the program as co-applicants. Existing recipients of the NHA may also apply to add a co-applicant to their account.

For clarity, one household allowance is available for each physical address; for example a room within an existing house or apartment does not become a separate dwelling for the purpose of the NHA.

## **8. Current Recipients**

### **8.1 Current Recipients on Leave**

If an NHA recipient is on approved leave from their employing department and in receipt of regular pay, they will continue to receive the NHA as long as they continue to meet the eligibility for the NHA; for example, their home remains their principal residence, and is not leased or rented out during the period of leave.

For clarity, those NHA recipients who are NOT in receipt of regular pay, such as those in receipt of Education Allowance in Lieu of Salary (attending an institution outside of Nunavut), those on Maternity Leave, Parental Leave, Deferred Leave, Leave without

Pay (greater than 1 month consecutive), Long Term Disability, etc. will have their allowance stopped. Upon return to work, recipients must re-apply for the NHA, and their eligibility will be re-assessed. Please see Re-application for NHA (Section 8.2) and Retroactive Payments for NHA (Section 8.3).

Teachers or school staff employed indeterminately and receiving the NHA who leave their principal residence at the end of the school year and return at the beginning of the following school year will have no break in their allowance. Any sublet of the principal residence would mean end of the employee's eligibility of the NHA, and recovery of any amounts paid.

Teachers or school staff receiving the NHA who are employed on a term basis must re-apply for the NHA if they return for another term. Multiyear terms will remain in place during the summer break with no break in allowance.

Employees who are in receipt of Education Allowance in Lieu of Salary but attend an educational institution within Nunavut and maintain their eligibility for the NHA will continue to receive it.

### *8.2 Re-application for NHA*

Upon return to work, recipients must re-apply for the NHA, and their eligibility will be re-assessed. NHA, retro payments may be made to those employees who;

- a) Did not change their principal residence while on leave,
- b) Did not lease or rent out their home or rental unit while on leave; and
- c) Experienced no break in service with the GN or Legislative Assembly.

### *8.3 Retroactive Payments for NHA*

To be considered for retroactive payments, applicants must submit a Retroactive Payment form, including a statutory declaration.

Retroactive payment amounts will vary based on the type of leave. Retroactive payments will be available for the following periods:

- Maternity/Parental Leave: Full leave retro payment
- Sick/Disability Leave: Full leave retro payment (with some exceptions)
- Retro payments for other types of leave may be considered. Please contact your Compensation and Benefits Officers to provide the details of your situation.

## **9. Retroactive Pay for New Applicants**

For all eligible new applicants, if eligibility can be proven for any period before the application date, retro payments may be made for up to six (6) months before the complete application is received.

## 10. Appeals

Any applicant or recipient wishing to appeal a decision regarding the NHA, may make their appeal in the form of a formal letter to the Deputy Minister of Finance. In making a decision, the Deputy Minister of Finance may consult with other Deputy Ministers, where appropriate. The decision of the Deputy Minister will be considered final.

## 11. Applications and Updates

### New Applicants

The NHA is **not** an automatic benefit. Employees must apply to receive the allowance and must demonstrate that they meet all program eligibility requirements.

To apply for the NHA, applicants must complete the NHA Application Form, and the NHA Verification Form, found in Appendices B and C, and submit them to the Department of Finance. If an applicant is returning from leave, and applying for retro payments, they must also complete and submit the retro payment form and statutory declaration found in Appendix D.

Required forms can be downloaded at [www.gov.nu.ca](http://www.gov.nu.ca) and submitted by:

### *Mail*

Attn: Employee Household Allowance  
Compensation and Benefits Division  
Department of Finance, Government of Nunavut  
Box 1 000 Stn. 360  
Iqaluit, Nunavut  
XOA OHO

### *Email*

[householdallowance@gov.nu.ca](mailto:householdallowance@gov.nu.ca)

### Application Updating

Once an employee becomes a recipient of the NHA, they are responsible for reporting any changes in their housing situation to the Department of Finance.

Changes can be submitted using the Nunavut Household Allowance Update Form, found in Appendix C, and downloadable at [www.gov.nu.ca](http://www.gov.nu.ca).

Failure to submit required updates may result in termination of the allowance, potential claw back of payments through payroll deductions, and possible future applications being declined.

A reminder and Update Form will be sent to all current NHA recipients on a regular basis. If a recipient's housing situation or contact information has not changed, no update action is required.

## Appendix A - Current Rental Rate Thresholds

Rental Rate Thresholds are defined as the minimum amount an applicant must be paying in rent each month to be eligible to receive the Nunavut Household Allowance.

The threshold is calculated using approximately 70% of the average rates at which the Nunavut Housing Corporation leases private units for the GN staff housing program.

The rates are subject to change and will be reviewed periodically.

### NHA Rental Threshold

Bachelor*	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
\$1,200	\$1,700	\$2,000	\$2,300	\$2,600

*\*this also includes the rental rate threshold for those renting a room within an existing dwelling; all other provisions of the NHA apply.*



**NUNAVUT HOUSEHOLD ALLOWANCE - APPLICATION**

APPLICANT			CO-APPLICANT				
LAST NAME		FIRST NAME		LAST NAME		FIRST NAME	
MIDDLE NAME		SOCIAL INSURANCE NUMBER		MIDDLE NAME		SOCIAL INSURANCE NUMBER	
EMPLOYED WITH THE DEPARTMENT OF:				EMPLOYED WITH THE DEPARTMENT OF:			
START DATE:		WORK TELEPHONE NUMBER		START DATE:		WORK TELEPHONE NUMBER	
TERM OR INDETERMINATE?:				TERM OR INDETERMINATE?:			
E-MAIL				E-MAIL			

**CURRENTLY RESIDING AT:**

LOT #:		BLOCK #:		PLAN #:		HOUSE #:	
P.O. BOX #:		COMMUNITY:		POSTAL CODE:			
PURCHASE DATE OF HOME:				RENTAL COMMENCEMENT DATE:		RENT PAID:	
MONTH:		DAY:		YEAR:		MONTH:	
HOW MANY PEOPLE CURRENTLY LIVE IN YOUR HOME?						ADULT	CHILD
HOW MANY GOVERNMENT OF NUNAVUT EMPLOYEES CURRENTLY LIVE IN YOUR HOME, INCLUDING YOURSELF?							
PLACE OF EMPLOYMENT FOR OTHER ADULTS THAT RESIDE IN HOME:							

**FOR ALL APPLICANTS - PLEASE ATTACH A COPY OF ONE OF THE FOLLOWING:**

		CHECK OFF
1	DUPLICATE CERTIFICATE OF TITLE <b>OR</b>	
2	CURRENT PROPERTY TAX ASSESSMENT <b>OR</b>	
3	CURRENT PROPERTY TAX INVOICE <b>OR</b>	
4	NUNAVUT HOUSEHOLD ALLOWANCE VERIFICATION FORM	
5	IF YOU ARE APPLYING FOR RETROACTIVE PAYMENTS, PLEASE ATTACH A COPY OF YOUR MORTGAGE OR LEGAL DOCUMENTS STATING THE DATE OF POSSESSION. (RETROACTIVE PAYMENTS ARE LIMITED TO 6 MONTHS)	

**DECLARATION:** I/WE CERTIFY THAT THIS HOME IS MY/OUR PRINCIPLE RESIDENCE AND THE STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE TRUE AND COMPLETE, AND ARE MADE IN GOOD FAITH. I/WE UNDERSTAND THAT IF ANY OF THESE STATEMENTS ARE FOUND TO BE UNTRUE, THIS APPLICATION MAY BE REJECTED AND ANY ALLOWANCE GRANTED IS TO BE REPAYED IN FULL. I/WE AGREE AND CONSENT THAT INQUIRIES MAY BE MADE AT ANY TIME IN CONNECTION WITH THE HOUSEHOLD ALLOWANCE HEREBY APPLIED FOR. I/WE FURTHER COMMIT TO INFORMING THE GOVERNMENT OF NUNAVUT IMMEDIATELY UPON ANY CHANGE IN MY/OUR HOUSING TENURE TYPE.

**PLEASE CHECK OFF WHO WILL BE RECEIVING THE ALLOWANCE:**

APPLICANT     
  CO-APPLICANT     
  SPLIT 50/50 BETWEEN APPLICANT AND CO-APPLICANT  
 NO OTHER INDIVIDUALS OTHER THAN THE APPLICANT AND/OR CO-APPLICANT ARE APPLYING FOR THE ALLOWANCE ON THIS PROPERTY

SIGNATURE OF APPLICANT			Year	Month	Day
SIGNATURE OF CO-APPLICANT					

**FOR OFFICE USE ONLY:**

DATE RECEIVED:		COMPENSATION STATE DATE:	
DATE VERIFIED:		DATE SENT TO PAYROLL:	



**NUNAVUT HOUSEHOLD ALLOWANCE VERIFICATION FORM**

THIS FORM IS TO CONFIRM THAT THE FOLLOWING APPLICANT(S):	
<b>APPLICANT</b>	<b>CO-APPLICANT</b>
LAST NAME	LAST NAME
FIRST NAME	FIRST NAME
MIDDLE NAME	MIDDLE NAME
WORK TELEPHONE NUMBER	WORK TELEPHONE NUMBER

CURRENTLY RESIDING AT:	LOT #:	BLOCK #:	PLAN #:
	HOUSE #:	COMMUNITY:	

**IS / ARE THE OWNER(S) AND IT IS THE PRINCIPLE RESIDENCE:**  (Check if Yes)

**CONFIRMED BY:**

BANK NAME, ADDRESS AND BRANCH #			
DATE OF OWNERSHIP COMMENCED ON: MONTH          DAY:          YEAR:		PRINTED NAME OF BANK OFFICIAL	
I CERTIFY THAT THE ABOVE INDIVIDUAL(S) IS/ARE THE OWNER(S) OF THE ABOVE PROPERTY. <b>(SIGNATURE OF BANK OFFICIAL)</b>	JOB TITLE	DATE	
	CONTACT NUMBER	CONTACT EMAIL	
<b>OR</b>			
HAMLET OFFICE			
DATE OF OWNERSHIP COMMENCED ON: MONTH          DAY:          YEAR:		PRINTED NAME OF HAMLET OFFICIAL	
I CERTIFY THAT THE ABOVE INDIVIDUAL(S) IS/ARE THE OWNER(S) OF THE ABOVE PROPERTY. <b>(SIGNATURE OF HAMLET OFFICIAL)</b>	JOB TITLE	DATE	
	CONTACT NUMBER	CONTACT EMAIL	

**OR: IS / ARE THE TENANT(S) AND ARE PAYING FULL MARKET RATE:**  (Check if Yes)

MONTHLY RENT PAID BY TENANT	# OF BEDROOMS RENTED BY TENANT:	DATE TENANT MOVED IN MM/DD/YY:
TOTAL NO. OF BEDROOMS IN UNIT	TOTAL RENT PER MONTH AT FULL CAPACITY	HEAT INCLUDED? Y/N

**CONFIRMED BY:** NAME OF LANDLORD (PRINT)

<b>MAILING ADDRESS OF LANDLORD</b> (Please provide the Lot, Block & Plan number of rental unit at top of form where required)			
HOUSE # & STREET NAME:		CITY OR COMMUNITY	
P.O. BOX #:	POSTAL CODE	PROV. OR TERR.	PHONE NUMBER, INCLUDING AREA CODE
I CERTIFY THAT THE ABOVE INDIVIDUAL(S) IS/ARE CURRENTLY PAYING RENT AS NOTED ABOVE.			
<b>SIGNATURE OF LANDLORD</b> (BELOW)			DATE

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
 DATE

Approved: April 4, 2024





## Nunavut Household Allowance – Update Form

Contact Information									
<b>APPLICANT</b>					<b>CO-APPLICANT</b>				
LAST NAME					LAST NAME				
FIRST NAME					FIRST NAME				
MIDDLE NAME			SOCIAL INSURANCE NUMBER		MIDDLE NAME			SOCIAL INSURANCE NUMBER	
E-MAIL					E-MAIL				
<b>867 Work</b>					<b>867 Work</b>				
POSTAL BOX #		COMMUNITY				POSTAL CODE			
						-			
HOUSE #			LOT #		BLOCK #			PLAN #	
<b>My status has changed for the following reason:</b>									
<input type="checkbox"/> <b>No longer qualify for allowance for reasons noted below (eg, no longer work for GN, no longer pay full market rate or have moved out of unit, on leave, no longer residing in principal residence, moved into GN Staff Housing/Public Housing)</b>									
<input type="checkbox"/> <b>Switch allowance to applicant or co-applicant or split 50-50 (underline one and note effective month below)</b>									
<input type="checkbox"/> <b>Change in employment within GN, as noted below</b>									
<input type="checkbox"/> <b>Other, as noted below</b>									
_____ _____ _____ _____									

**DECLARATION:** I/WE CERTIFY THAT THIS HOME IS MY/OUR PRINCIPLE RESIDENCE AND THE STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE TRUE AND COMPLETE, AND ARE MADE IN GOOD FAITH. I/WE UNDERSTAND THAT IF ANY OF THESE STATEMENTS ARE FOUND TO BE UNTRUE, THIS APPLICATION MAY BE REJECTED AND ANY ALLOWANCE GRANTED IS TO BE REPAID IN FULL. I/WE AGREE AND CONSENT THAT INQUIRIES MAY BE MADE AT ANY TIME IN CONNECTION WITH THE HOUSEHOLD ALLOWANCE HEREBY APPLIED FOR. **I/WE FURTHER COMMIT TO INFORMING THE GOVERNMENT OF NUNAVUT IMMEDIATELY UPON ANY CHANGE IN MY/OUR HOUSING TENURE TYPE.**

SIGNATURE OF APPLICANT					
	year	month	day		
SIGNATURE OF CO-APPLICANT					