



Nunatsiavut Government – EDUCATION DIVISION

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Rental/Mortgage Support Request Form

Student Name: _____ Program: _____
Student #: _____ Institution: _____
Primary Email: _____ Phone #: _____
Living Arrangements (while in training): _____ Mailing Address (while in training): _____
Check one box per semester:
renting/boarding
living with parents
campus residence apartment
own home
City/Town: _____
Province: _____
Postal Code: _____

Is this the same address as last semester? [] Yes [] No
Will you be claiming Set-Up Allowance? [] Yes [] No
Do you have a spouse? [] Yes [] No Will they reside with you while you are in training? [] Yes [] No
Are they funded by the NG Education Division Funding Program? [] Yes [] No
Do you have any dependents? [] Yes [] No
Please list dependents: (1) _____ (2) _____
(3) _____ (4) _____
Will any dependents be residing with you while you are in training? [] Yes [] No If yes, how many? _____

Will you have additional roommates while you are in training (not spouse/dependents)? [] Yes [] No
Please list roommates (if applicable):
(1) _____ (2) _____
(3) _____ (4) _____

Total Rent/Mortgage Costs per month: _____
Your share of the Rent/Mortgage: _____
Attached Required Documents: [] Full rental agreement/lease [] Rental Agreement Letter
[] Student Occupancy Agreement (for campus apartments only)
Lease Start Date: _____ End Date: _____

Students must submit proof of rent/mortgage with this request form. All documents must be signed & dated by the student/tenants & landlord and must include start and end date of agreement, additional roommates and monthly rental cost. If there is no rental/lease agreement, a letter outlining the required information listed signed by yourself, landlord/renter and be notarized (signed by Commissioner for Oaths/Justice of the Peace) is acceptable.

*Student Signature: _____ Date: _____

For office use only:
Proof of Rent/Mortgage Received: [] Yes [] No
Approved: [] Yes [] No Amount Approved: \$ _____ From: _____ to _____
Set-Up Approved: [] Yes [] No Signature: _____ Date: _____
Extension approved: [] Yes [] No From: _____ to _____
Signature: _____ Date: _____
Financial:
Entered by: _____ Date: _____
Funding Allocation: [] PSSSP [] ISETP ([] EI [] CRF) [] IPSE
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