

Rental/Mortgage Support Request Form

Email completed form and supporting documents to: education@nunatsiavut.com

Incomplete forms will not be accepted.

Student name: _____		Program: _____	
Institution name: _____		Institution Location: _____	
Primary email address: _____		Primary phone number: _____	

Mailing address while in training: Street Address _____ City/Town _____ Province _____ Postal Code _____	Living arrangements during training: ☐ Renting/boarded ☐ Living with family ☐ Campus residence (Meal plan? ☐ Yes ☐ No) ☐ Own home ☐ Other: _____
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Total Rent/Mortgage Costs per month: _____	Is this the same address as last semester?	☐ Yes ☐ No
Your share of the Rent/Mortgage: _____	Will you be claiming Set-Up Allowance?	☐ Yes ☐ No

Please list dependents (if applicable):		(1) _____	(4) _____
☐ N/A		(2) _____	(5) _____
		(3) _____	(6) _____
How many will be residing with you during your training? _____			

Please list roommates (if applicable):		(1) _____	(4) _____
☐ N/A		(2) _____	(5) _____
		(3) _____	(6) _____

Supporting document attached: ☐ Full rental/lease agreement ☐ Rental Agreement Letter from landlord (*must be notarized*)
 ☐ Mortgage statement ☐ Student Occupancy Agreement (*for campus apartments only*)

Lease Start Date: _____	End Date: _____
Day / Month / Year	Day / Month / Year

Requests must include supporting documentation, such as a copy of your rental agreement, lease agreement, mortgage summary outlining monthly payments, or a letter from your landlord (**must be notarized** by a Commissioner for Oaths, Justice of the Peace, notary public, etc.). All documents must be signed and dated and, where applicable, signed by all tenants and the landlord, and include the residential address, monthly cost, start and end date of the agreement, and number of tenants.

_____ Student Signature	_____ Date
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For office use only:

Proof of Rent/Mortgage Received: ☐ Yes ☐ No

Approved: ☐ Yes ☐ No Amount Approved: _____ From: _____ to _____

Set-Up Approved: ☐ Yes ☐ No **Extension approved:** ☐ Yes ☐ No **From:** _____ **to** _____

Signature: _____ Date: _____ ☐ PSSSP ☐ ISETP (☐ EI ☐ CRF)

☐ IPSE

Entered by: _____ Date: _____

Revised June 2026