

RENTAL APPLICATION

Privacy section: Newfoundland and Labrador Housing Corporation (NLHC) is subject to the <i>Access to Information and Protection of Privacy Act</i> . Applicants/clients have a right of access to the existence, use and disclosure of their personal information.	Office Use Only Application #: _____ Date Received: _____
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NOTE: Incomplete applications will be returned unprocessed.

1. APPLICANT INFORMATION					
Social Insurance Number: ____/____/____ Income Support File Number (if applicable): _____					
Applicant: _____					
(Title: Mr. Mrs. Ms.)	(First Name)	(Initial)	(Last Name)		
Where can you be contacted? _____					
(Street/Apartment)			(P.O. Box)		
(City/Town)		(Province)	(Postal Code)		
Telephone: (Home) _____ (Work) _____ (Cell) _____					
Email Address: _____					
Date of Birth: ____/____/____ Gender: _____					
D M Y					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law					
Do you have a current application with the City of St. John's: <input type="checkbox"/> Yes <input type="checkbox"/> No					
I hereby give consent for: _____					
(Name)			(Relationship)		
to make enquiries or act on my behalf regarding this application.					
Telephone: (Home) _____ (Work) _____ (Cell) _____					

2. HOUSEHOLD OCCUPANTS					
List all occupants who will be living with you and the dependants for whom you have joint or sole custody.					
Full Name	Relationship to Applicant+	Marital Status*	Gender	Date of Birth D M Y	Social Insurance Number*
1. _____ (Co-applicant)	_____	_____	_____	____/____/____	____/____/____
2. _____	_____	_____	_____	____/____/____	____/____/____
3. _____	_____	_____	_____	____/____/____	____/____/____
4. _____	_____	_____	_____	____/____/____	____/____/____
(Please see Section 9 if more than four household occupants)					(SIN is required by NLHC to operate its programs and services)
Is anyone in the household expecting a child [affects bedroom requirement(s)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Due date: ____/____/____					
D M Y					
+ Relationship to Applicant can be either: Spouse, Child, Other Relative, or Not Related					
* Marital Status can be either: Single, Married, Widowed, Divorced, Separated, or Common-Law					

3. CURRENT HOUSING

What are your present accommodations: ☐ Own Home ☐ Boarding House ☐ Transition House
☐ Rented Apartment ☐ Living with Family/Friends ☐ Shelter

Currently, I live in: ☐ Semi-detached ☐ Row Housing ☐ Apartment ☐ Single Dwelling

If you are renting, what is the name of your landlord: _____

Number of bedrooms in current dwelling: _____

When did you move into your current accommodation: ____/____/____
D M Y

Do you owe money to a current/past landlord: ☐ Yes ☐ No Amount: \$ _____

What is your monthly cost for your present accommodation including utilities: \$ _____

Do you owe money to a power utility company: ☐ Yes ☐ No Amount: \$ _____

4. INCOME INFORMATION

Only completed applications with consent to receive income information from Canada Revenue Agency will be accepted (please see attached Income Consent Form).

5. PREVIOUS ASSISTANCE

Have you ever lived in an NLHC unit?

☐ Rental: Address _____

☐ Received Rent Supplement: Address _____

☐ Home Repair Loan: Address _____

6. HOUSING PREFERENCES AND CHOICES (please see attached map)

Community of Choice: _____

(Please see attached list of communities)

(Selecting more than one community increases your chances of being selected for a housing unit.)

Do you or anyone in your household smoke: ☐ Yes ☐ No

Does anyone in the household own a pet: ☐ Yes ☐ No If yes, what kind of pet: _____

Does anyone in the household have a disability or mobility problem: ☐ Yes ☐ No

If yes, please provide additional information on the nature of the problem in Section 7.

Does anyone in the household have a problem climbing stairs: ☐ Yes ☐ No

If yes, please provide additional information on the nature of the problem in Section 7.

Does anyone in the household receive home support services: ☐ Yes ☐ No

If yes, please provide additional information on the nature of the support service in Section 7.

7. ADDITIONAL INFORMATION

Please provide additional information for the following:

- Information regarding a disability or mobility problem
- Information regarding a need for home support services
- Medical condition
- Other circumstances which affect your housing requirement

Please provide information and supporting documentation as to why you are seeking accommodation:

8. CLIENT CONSENT FORM FOR RELEASE OF INFORMATION

Pursuant to the Access to Information and Protection of Privacy Act (ATIPPA)

The purpose of this form is to provide consent to the release of personal information which is protected and governed by the *Access to Information and Protection of Privacy Act (ATIPPA)* and will be used solely for verifying eligibility for NL Housing programs.

As stated in the *Access to Information and Protection of Privacy Act (ATIPPA)*, all clients have the right to protection of their personal information, have the right to access their personal information that is held within the department, and have the right to access their personal information if there has been an error or omission.

Name of Client: _____ Co-Leaseholder: _____

Address: _____

Client Consent to Release and Exchange Personal Information

I give consent to NL Housing to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members (spouse, common-law spouse, children or dependant student), for NL Housing programs. This consent also applies if I am a current NL Housing leaseholder.

I give consent to any department to obtain and verify information or documents to release them to NL Housing's employees. Some examples of these departments, agencies or individuals include, but are not limited to: Human Resources and Skills Development Canada – Service Canada; provincial departments of Education and Early Childhood Development; Health and Community Services and Finance; the Workplace Health, Safety and Compensation Commission; regional health authorities; governments and agencies in other provinces and territories; employers; or other organizations or individuals that may have information that is deemed necessary for NL Housing to verify eligibility for programs and services.

Responsibilities

I/we agree to report to NL Housing any changes in my/our circumstances, or the circumstances of my family (spouse, common-law spouse, children or dependant student), that may affect eligibility for NL Housing programs and services or my/our current tenancy agreement with NL Housing.

Rights

I/we understand that by signing this consent form I/we am in agreement with the information collected and deem it to be complete and true.

I/we understand that I/we may withdraw this consent at any time and consent was given voluntarily.

If I/we do not sign this form or do not want to consent to service providers sharing information about me, I/we understand that I/we can still get services if I/we am eligible and services are available.

This consent expires automatically within three (3) months after I/we cease to avail of the NL Housing program or service or tenancy that it relates to unless my/our consent is withdrawn prior to that date.

Signature of Client Consenting to Release

Date

Signature of Co-Leaseholder Consenting to Release

Date

9. ADDITIONAL HOUSEHOLD OCCUPANTS

Full Name	Relationship to Applicant+	Marital Status*	Gender	Date of Birth D M Y	Social Insurance Number*
5. _____	_____	_____	_____	____/____/____	____/____/____
6. _____	_____	_____	_____	____/____/____	____/____/____
7. _____	_____	_____	_____	____/____/____	____/____/____
8. _____	_____	_____	_____	____/____/____	____/____/____

+ Relationship to Applicant can be either: Spouse, Child, Other Relative, or Not Related

* Marital Status can be either: Single, Married, Widowed, Divorced, Separated, or Common-Law

(SIN is required by NLHC to operate its programs and services)

10. DECLARATION

- 1) I/We declare all information provided in this application to be complete and true. I/We agree that any information requested on this application not completed or forwarded to NLHC shall result in the application being returned unprocessed. It is the applicant's sole responsibility to provide the required disclosure and documentation requested above.
- 2) I/We understand that the information provided in this application is being collected for the purpose of administering NLHC programs. This information will only be disclosed to NLHC personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. Statistics on NLHC programs will be reported at the provincial/regional level and will not personally identify individuals. Section 61(c) of the Access to Information and Protection of Privacy Act (ATIPPA) authorizes NLHC to collect personal information that "...relates directly to and is necessary for an operating program or activity of the public body."
- 3) I/We authorize NLHC to investigate any or all of the statements made herein, being fully aware that discovery of any false statements will cancel this application and may in NLHC's discretion result in the cancellation of any lease entered into pursuant to this application. I/We further agree that such action by NLHC will be without penalty or liability for damages.
- 4) I/We understand that this application does not constitute an agreement by NLHC or its representatives to provide housing assistance.
- 5) I/We further acknowledge the right of NLHC or its agent(s), at any time prior to the execution and delivery to me/us for housing hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given.
- 6) I/We understand and acknowledge that this application is valid for a period of 12 months only, after which time this application shall expire and a new one would be required.
- 7) I/We understand that any refusal of accommodation within my/our area of preference shall result in this application being cancelled immediately, and there is a 12-month waiting period before I/We can re-apply to NLHC.
- 8) I/We acknowledge that I/We reside in the province of Newfoundland and Labrador at the time of this application and/or have "Permanent Residency" status in the province.

_____	_____	____/____/____
Applicant	Co-Applicant	D M Y

Return to:

Stephenville Office
58 Oregon Drive
Stephenville, NL
A2N 2Y1

Fax: 643-6843
Tel: 643-6826

REMINDER

- Only completed applications with consent to receive income information from Canada Revenue Agency will be accepted.
- If you have any special needs (accessibility, medical, etc.) please attach a written letter from the appropriate professional (physician, social worker, etc.).
- If you are receiving Income Support, please ensure that your Income Support File Number is filled in on the front of this form.

Canada Revenue Agency Income Consent

Only applications which include this signed consent will be accepted for processing.

I/we hereby consent to the release of information from my/our previous year's income tax return, and (if applicable, other required taxpayer information about me/us whether supplied by me/us or by a third party) by the Canada Revenue Agency to the Newfoundland Labrador Housing Corporation (NLHC).

I understand that this taxpayer information will be used by NLHC to verify my/our eligibility and entitlement for housing programs and services offered by NLHC and that it will not be disclosed to any other person or organization without my/our approval.

Section 61(c) of the *Access to Information and Protection of Privacy Act, 2015* authorizes NLHC to collect this personal information. I understand that if I have any questions about NLHC's collection of the Taxpayer information I/we may contact NLHC's ATIPPA Co-ordinator at (709)724-3004.

I understand that this authorization is valid for the current taxation year as well as each subsequent consecutive taxation year for which assistance may be or has been requested.

I have given this consent voluntarily and I am aware that it may be revoked in writing (NLHC ATIPPA Co-ordinator, P.O. Box 220, 2 Canada Drive, St. John's NL A1C 5J2) at any time, except where action has already been taken.

Every person in the household, who has a Social Insurance Number (SIN) and is over the age of 18, must sign and provide their SIN number and the date that this consent has been given. Without this consent, your application for housing assistance will not be processed and/or assistance may not be continued.

EACH PERSON MUST PROVIDE THEIR OWN SIGNATURE; NLHC CANNOT ACCEPT FORMS WITHOUT A SIGNATURE FOR EACH PERSON OR FORMS WHERE ONE PERSON HAS SIGNED FOR MULTIPLE INDIVIDUALS.

NAME	SIGNATURE	Social Insurance Number (SIN)	DATE

List of Communities Stephenville Area

Abraham's Cove
Barachois Brook
Black Duck Brook
Boswarlos
Campbell's Creek
Degrau
Doyles
Felix Cove
Fox Island River
Gallants
Jeffreys
Kippens

Lourdes
Maidstone
Mainland
Marches Point
Mattis Point
McKays
Point Au Mal
Port Au Port East
Port Au Port West
Port Aux Basques
Ramea
Robinsons

Searston
Ship Cove
St. Andrews
St. David's
Stephenville Crossing
Stephenville
St. Fintans
St. George's
St. Theresea's
Three Rock Cove