

# RENTAL APPLICATION

<p><u>Privacy section:</u> 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.</p>	<p>Office Use Only</p> <p>Application #: _____</p> <p>Date Received: _____</p>
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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:  Single  Married  Widowed  Divorced  Separated  Common-Law

Do you have a current application with the City of St. John's:  Yes  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.	_____	_____	_____	_____	____/____/____	____/____/____
	<small>(Co-applicant)</small>					
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)]?  Yes  No

Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_ + Relationship to Applicant can be either: Spouse, Child, Other Relative, or Not Related  
D M Y \* 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)**

Area of Choice:  Curling  Corner Brook Centre  Corner Brook South  Corner Brook East  
 Rural \_\_\_\_\_  
(Name Communities)

(Selecting more than one area or 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

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

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## 8. CLIENT CONSENT FORM FOR RELEASE OF INFORMATION

### *Pursuant to the Access to Information and Protection of Privacy Act (ATTIPA)*

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

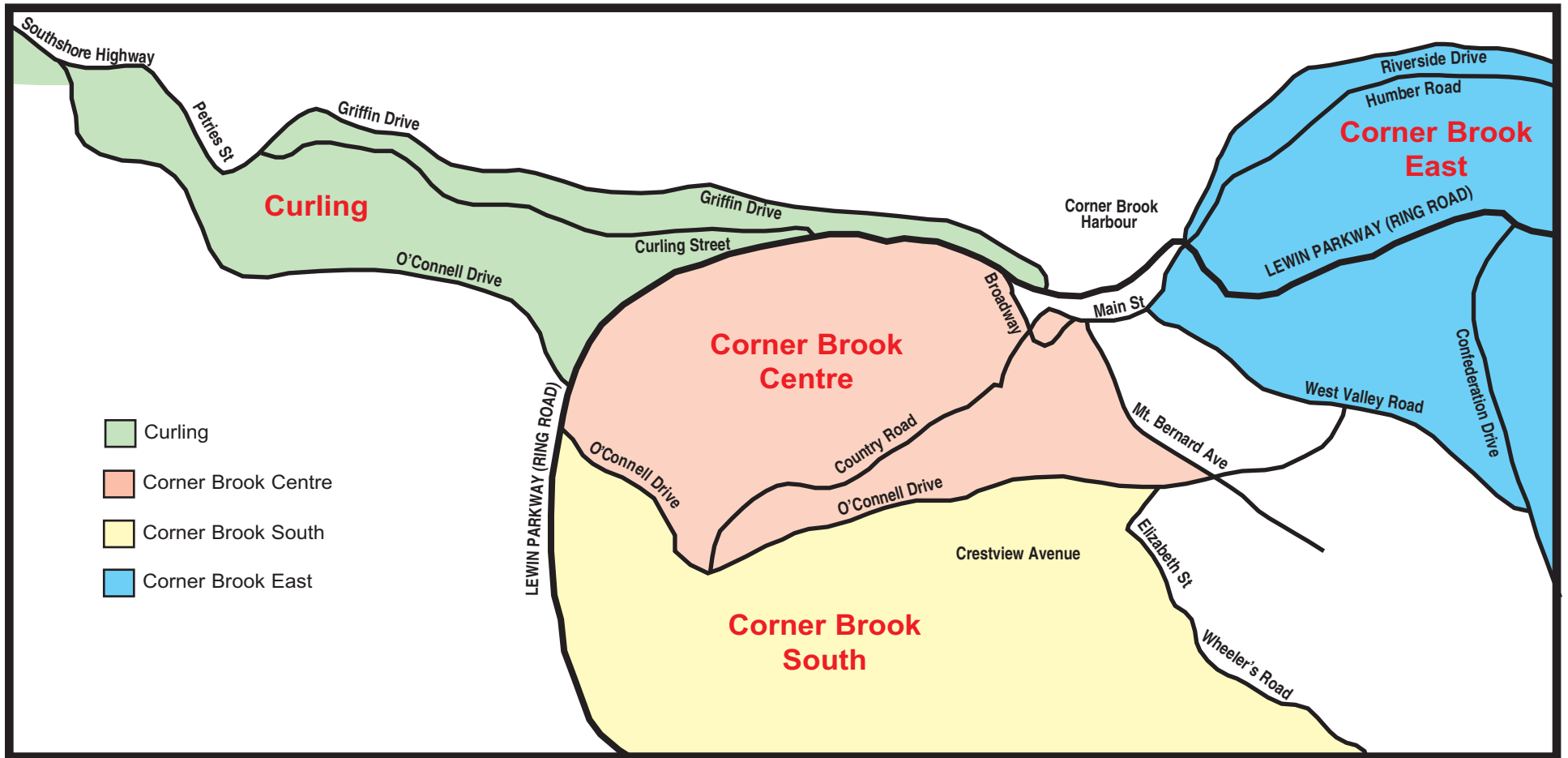
Return to:  
 Corner Brook Office  
 34 Boone's Road  
 P.O. Box 826  
 Corner Brook, NL A2H 6H6  
 Fax: 639-5206  
 Tel: 639-5201

**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.



# Corner Brook Area Map



## List of Communities Corner Brook Area

Corner Brook  
Cow Head  
Coxs Cove  
Deer Lake  
Frenchman's Cove  
Gillams  
Halfway Point  
Hampden

Hawkes Bay  
Lark Harbour  
Main Brook  
McIvers  
Meadows  
Norris Point  
Parsons Pond  
Pasadena

Port Aux Choix  
Rocky Harbour  
Roddickton  
St Anthony  
St. Jude's  
St. Paul's  
Summerside



**Housing**