

## **RENTAL APPLICATION**

Housing					
Privacy section:		Office Use Only			
Newfoundland and Labrador H is subject to the Access to Info	Application #:				
<i>Privacy Act.</i> Applicants/clients have a right of access to the existence, use and disclosure of their personal information		Date Received:			
NC	TE: Incomplete application	s will be returne	d unprocessed.		
1. APPLICANT INFORMA	ΓΙΟΝ				
Social Insurance Number:// Income Support File Number (if applicable):					
Applicant:					
Applicant:(Title: Mr. Mrs. Ms.)	(First Name)	(Initial)	(	Last Name)	
Where can you be contacte					
	(Street/Apartmer	nt)		(P.O. Box)	
	(City/Town)	(Pi	rovince)	(Postal Code)	
Telephone: (Home)	(Work) _		(Cell) _		
Email Address:					
Date of Birth:/_//					
Marital Status: 🛛 Single	□ Married □ Widowed □	Divorced Divorced	Separated 🛛 C	ommon-Law	
Do you have a current appl	ication with the City of St. J	ohn's: 🛛 Yes	🖵 No		
I hereby give consent for: _					
(Name) (Relationship)					
to make enquiries or act on					
Telephone: (Home)	(Work) _		(Cell) _		
2. HOUSEHOLD OCCUPA	Il be living with you and the	donondonto for			
	<b>C F</b>	dependants for		- -	
Full Name	Relationship Marital to Applicant+ Status*	Gender	Date of Birth D M Y	Social Insurance Number*	
1.			//	//	
(Co-applicant)			/ /	1 1	
				//	
	n four household occupants)		//	// (SIN is required by NLHC to oper	
ate its programs and services)					
Is anyone in the household expecting a child [affects bedroom requirement(s)]? Tes INO					
Due date:       /_//       + 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				
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://				
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:				

#### 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

(Name Communities)

• Applicant must select at least one area or community.

• Selecting more than one area or community increases your chances of being selected for a housing unit.

Does anyone in the household have disability/mobility needs: Yes No If yes, please provide additional information in Section 7.

Is there anyone in the household unable to climb stairs: Yes No If yes, please provide additional information 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 disability/mobility needs
<ul> <li>Information regarding a need for home support services</li> </ul>
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 (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 dependent 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

Date

Signature of Co-Leaseholder Consenting to Release

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.					<u> </u>	//
	elationship to Applicant can arital Status can be either: S					(SIN is required by NLHC to oper- ate its programs and services)

#### 10. DECLARATION

- 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

Return to:	REMINDER
Corner Brook Office	Only completed applications with consent to receive income information from
34 Boone's Road	Canada Revenue Agency will be accepted.
P.O. Box 826	• If you have any special needs (accessibility, medical, etc.) please attach a
Corner Brook, NL A2H 6H6	written letter from the appropriate professional (physician, social worker, etc.).
Fax: 639-5206 Tel: 639-5201	• If you are receiving Income Support, please ensure that your Income Support File Number is filled in on the front of this form.

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.

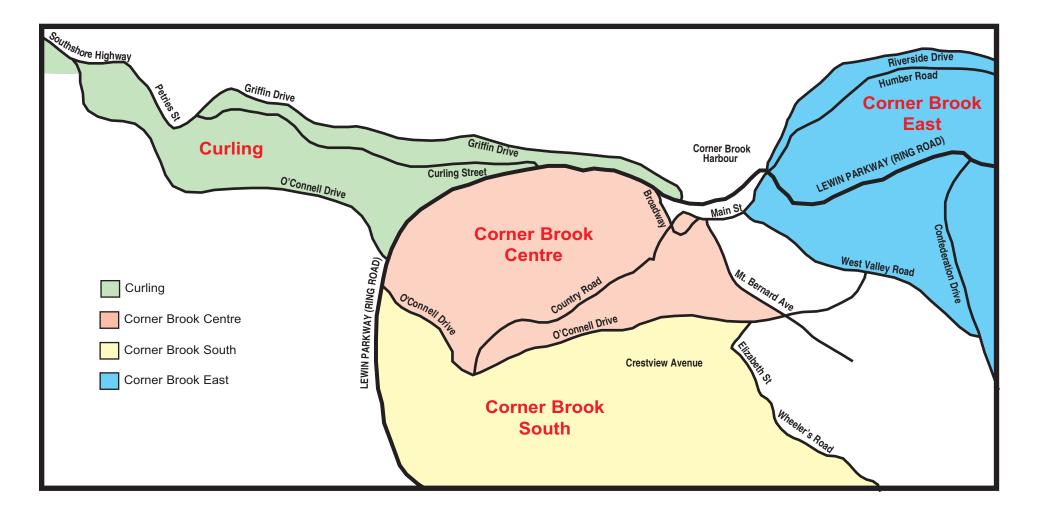
I have given this consent voluntarily and I am aware that it may be revoked in writing (NLHC ATIPPA Co-ordinator, P.O. Box 220, 2 Canada Drive, St. John's NL A1C 5J2) at any time, except where action has already been taken.

**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

# 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