

RENTAL APPLICATION

Housing

<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.	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: 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

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.

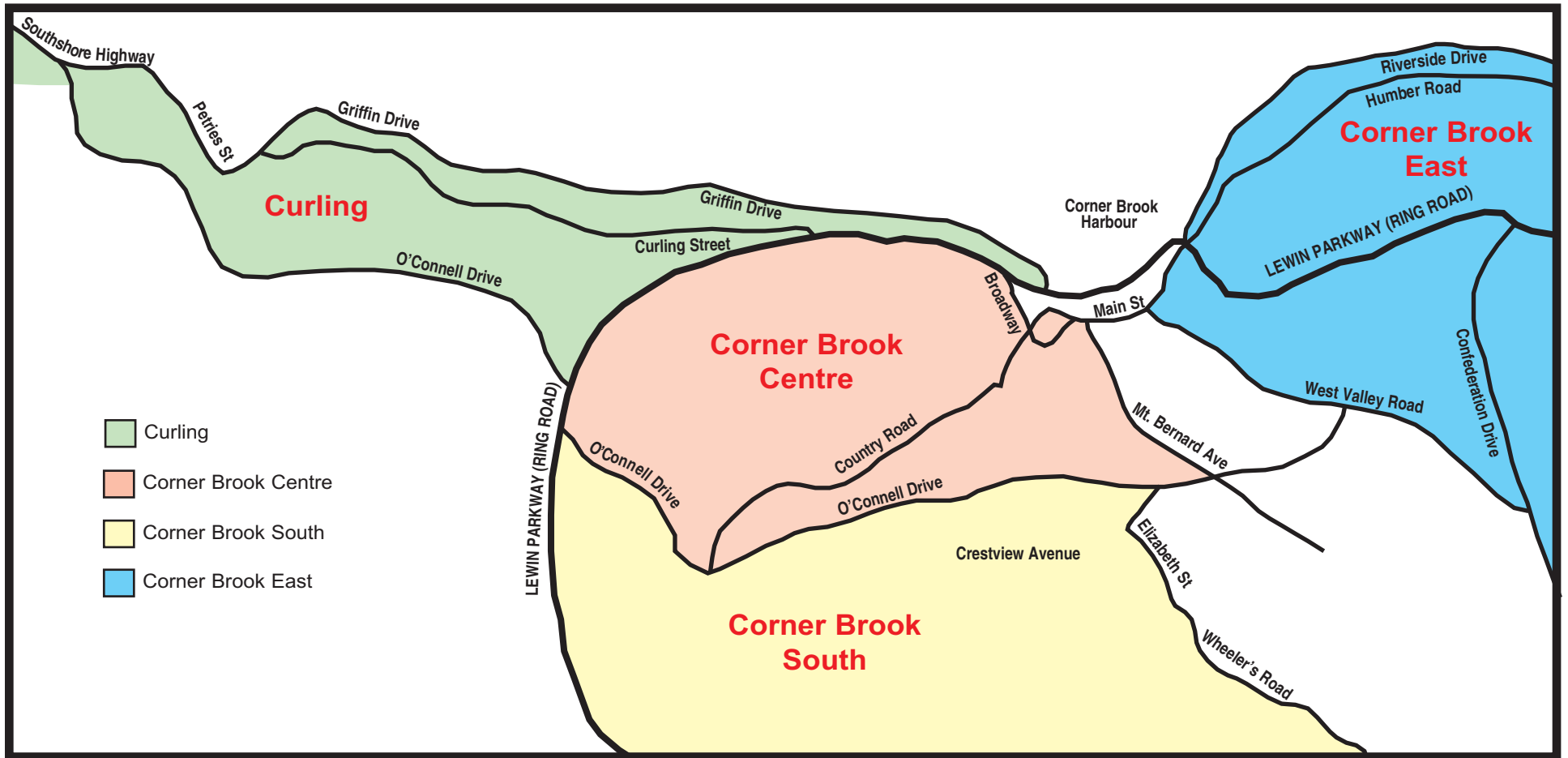
Signature of Client Consenting to Release

Date

Signature of Co-Leaseholder Consenting to Release

Date

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