



RENTAL APPLICATION

Housing

Privacy section:	Office Use Only	/			
Newfoundland and Labrador Housing is subject to the <i>Access to Information</i>	Application #:				
Privacy Act. Applicants/clients have a right of access to the xistence, use and disclosure of their personal information.					
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NOTE: Inc	omplete application	s will be returne	ed unprocessed.		
1. APPLICANT INFORMATION					
Social Insurance Number:/_	/Incom	ne Support File	Number (if applic	cable):	
Applicant:					
Applicant:(Title: Mr. Mrs. Ms.)	(First Name)	(Initial)	(1	Last Name)	
Where can you be contacted?					
(Street/Apartment)				(P.O. Box)	
	(City/Town)	(F	Province)	(Postal Code)	
Telephone: (Home)	(Work) _		(Cell) _		
Email Address:					
Date of Birth:// Ge					
D M Y					
Marital Status: Single Marri	ed 🗆 Widowed 🗆	☐ Divorced ☐ S	Separated 🖵 C	ommon-Law	
Do you have a current application v	with the City of St. J	ohn's: 🛚 Yes	□ No		
I hereby give consent for:					
to make enquiries or act on my bel	(Name) nalf regarding this ar	oplication.	(Relationship)	
Telephone: (Home)		•	(Cell)		
Tolophone. (Home)	(VVOIN) _		(0011)		
2. HOUSEHOLD OCCUPANTS					
List all occupants who will be living	ng with you and the	dependants for	whom vou have	ioint or sole custody.	
Relatio			Date of Birth	Social Insurance	
Full Name to Appl	•	Gender	D M Y	Number*	
1 (Co-applicant)		_	//		
2			//		
3					
4			/ /	/ /	
(Please see Section 9 if more than four ho				(SIN is required by NLHC to operate its programs and services)	
Is anyone in the household expecti	ng a child [affects b	edroom require	ment(s)]? Yes	,	
	ationship to Applicant ca	·	· /-		
				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. INICOME INICODMATION
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).
F. DDEVIOUS ASSISTANCE
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)
Applicant must select at least one area or community.
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 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
Ple	ease provide additional information for the following:
•	Information regarding disability/mobility needs
•	Information regarding a need for home support services Medical condition
•	Other circumstances which affect your housing requirement
_	
PΙ	ease 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-Leasehol	der:
Address:		
Client Consent to Release and Exch	nange Personal Information	
	se, common-law spouse, child	uments required to confirm my eligibility, or lren or dependant student), for NL Housing aseholder.
employees. Some examples of these of Resources and Skills Development Ca Childhood Development; Health and O Compensation Commission; regional he	departments, agencies or indivanada – Service Canada; prov Community Services and Fina ealth authorities; governments a lividuals that may have informat	documents to release them to NL Housing's viduals include, but are not limited to: Humar rincial departments of Education and Early ance; the Workplace Health, Safety and and agencies in other provinces and territories; tion that is deemed necessary for NL Housing
Responsibilities		
	dant student), that may affect e	es, or the circumstances of my family (spouse ligibility for NL Housing programs and services
Rights		
I/we understand that by signing this deem it to be complete and true.	consent form I/we am in agr	eement with the information collected and
l/we understand that l/we may withd	raw this consent at any time	e and consent was given voluntarily.
If I/we do not sign this form or do no I/we understand that I/we can still go		e providers sharing information about me e and services are available.
This consent expires automatically wi or service or tenancy that it relates		re cease to avail of the NL Housing program withdrawn prior to that date.
Signature of Client Consenti	ing to Release	Date
Signature of Co-Leaseholder Co	nsenting to Release	Date

9.	ADDITIONAL HOUSE	HOLD OCCUPAN	NTS				
	Full Name	Relationship to Applicant+	Marital Status*	Gender	Date of Birth D M Y	Social Ins	
5.					//	/	/
6.		_			//	/	/
7.						/	/
8.							
						(SIN is required by	, NLHC to oper
	elationship to Applicant can	-				ate its programs	
" IVI	arital Status can be either: S	Single, Married, Widov	vea, Divorcea, 8	Separated, or Co	ommon-Law		
10	DECLARATION						
1)	I/We declare all informa	ation provided in thi	e application t	o he complete	and true IMMs agr	oo that any in	formation
3)	requested on this appli unprocessed. It is the apabove. I/We understand that the NLHC programs. This is out the responsibilities of the application. Statistics identify individuals. See NLHC to collect person activity of the public bo I/We authorize NLHC to of any false statements any lease entered into penalty or liability for day	e information providinformation will only of their job, and to us on NLHC programation 61(c) of the Action 61(c) of the Action 61(c) of the Action information that ody." To investigate any of will cancel this appursuant to this apparaages.	led in this app y be disclosed other organizations will be report excess to Informationrelates directly or all of the state oplication and	lication is being d to NLHC per ations who may reted at the provenation and Property to and is atements made may in NLHC e further agree	red disclosure and of collected for the presented who need to present the contact of the contact	urpose of adnothe information the information of the cancel by NLHC will	n requested ninistering on to carry o process personally authorizes gram or discovery lation of be without
4)	I/We understand that th housing assistance.	is application does	not constitute	e an agreemen	t by NLHC or its re	presentatives	to provide
5)6)	I/We further acknowled me/us for housing here otherwise, any accepta I/We understand and a	eby applied for, to wance or approval of acknowledge that the	vithdraw, revolution is application is application	oke, or cancel, on made or giv i is valid for a p	without penalty or ven.	liability for da	amages or
71	this application shall ex			-	of proference shall	rocult in this s	nnligation
7)	I/We understand that an being cancelled immed	•		•	•		
8)	I/We acknowledge that	I/We reside in the	orovince of Ne	ewfoundland a	nd Labrador at the	time of this a	pplication

Return to:

Gander Office 5 Garrett Drive P.O. Box 410 Gander, NL A1V 1W8

and/or have "Permanent Residency" status in the province.

Applicant

Fax: 256-1320 Tel: 256-1300

REMINDER

• Only completed applications with consent to receive income information from Canada Revenue Agency will be accepted.

Co-Applicant

- 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 Gander Area

Appleton Badger's Quay Bloomfield Bonavista Bunyan's Cove **Cannings Cove**

Catalina Centerville Charlottetown Clarenville Dover Eastport

Fogo

Gambo Gander George's Brook George's Point Glenwood Glovertown Happy Adventure

Horwood Ivany's Cove Kings Cove Little Catalina Main Point Melrose

Middle Amherst Cove

Milton

Musgravetown Newtown

Noggin Cove North West Brook Port Blanford Port Rexton Port Union **Pound Cove** Rodger's Cove Sandringham St. Brendan's Sunnyside Trinity, B Bay Victoria Cove Wesleyville

