



RENTAL APPLICATION

Housing

Privacy section:	Office Use Only			
Newfoundland and Labrador Ho	Application #:			
is subject to the Access to Inforr Privacy Act. Applicants/clients h	ave a right of access to the			
existence, use and disclosure of	their personal information.	Date Received:		
NOT	E: Incomplete application	s will be returne	ed unprocessed.	
1. APPLICANT INFORMATION	ON			
Social Insurance Number:	/ / Incom	ne Sunnort File	Number (if applic	sable).
			rumber (ii applie	
Applicant: (Title: Mr. Mrs. Ms.)	(First Name)	(Initial)	(I	_ast Name)
Where can you be contacted		, ,	`	,
,	(Street/Apartmen			(P.O. Box)
	(City/Town)	(F	Province)	(Postal Code)
Telephone: (Home)	(Work) _		(Cell) _	
Email Address:				
Date of Birth:/_/				
D M Y				
Marital Status: ☐ Single ☐	Married ☐ Widowed ☐	Divorced 🗆	Separated 🖵 Co	ommon-Law
Do you have a current applica	ation with the City of St. J	ohn's: 🖵 Yes	□ No	
I hereby give consent for:				
to make enquiries or act on m	(Name)	oplication	(Relationship)
Telephone: (Home)			(Cell)	
releptione. (Florite)	(VVOIK) _		(Gell) _	-
2. HOUSEHOLD OCCUPAN	ITS			
List all occupants who will I		denendants for	whom you have	ioint or sole custody
•		acpendants for	Date of Birth	Social Insurance
	delationship Marital Status*	Gender	Date of Birtin	Number*
4			//	
0			/ /	1 1
4 (Please see Section 9 if more than t	four household occupants)		//	// (SIN is required by NLHC to oper-
•				ate its programs and services)
Is anyone in the household ex	xpecting a child [affects b	edroom require	ement(s)]? 🖵 Yes	s U No
Due date://	+ Relationship to Applicant ca * Marital Status can be either			
D IVI I	mantai Status Can de eithei	. Jiligie, Mailleu, V	vvidowed, Divorced,	Deparated, 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: 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) Applicants 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.					//	(CINI is we swine at least	/	
	elationship to Applicant car					(SIN is required by ate its programs		
IVI	arital Status can be either:	Single, Married, Wido	wea, Divorcea, 3	separated, or Co	ommon-Law			
10	DECLARATION							
1)	I/We declare all information	ation provided in thi	s application t	o be complete	and true. I/We agr	ee that any in	formation	
requested on this application not completed or forwarded to NLHC shall result in the application					•			
		pplicant's sole responsibility to provide the required disclosure and documentation requeste					•	
	above.							
2).	I/We understand that the information provided in this application is being collected for the purpose of administering							
<i>'</i>	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 (A					-	· · · · · · · · · · · · · · · · · · ·		
	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	-	or all of the sta	atements made	e herein, being full	y aware that	discovery	
ĺ ´								
	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 the	•	not constitute	an agreemen	t by NLHC or its re	presentatives	to provide	
ĺ ´	housing assistance.			J	•		·	
5)	I/We further acknowled	dge the right of NLI	HC or its ager	nt(s), at any tim	ne prior to the exec	cution and de	livery to	
, í	me/us for housing hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or							
	otherwise, any accepta	•				j	· ·	
6)	I/We understand and a			•		is only, after v	which time	
ĺ	this application shall e	-		-		-		
7)	I/We understand that a	•		•	of preference shall	result in this a	pplication	
ĺ <i>′</i>	being cancelled immed	•		•	•			
8)	I/We acknowledge that	•		• .				

Return to:

Stephenville Office 58 Oregon Drive Stephenville, NL A2N 2Y1

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

Applicant

Fax: 643-6843 Tel: 643-6826

REMINDER

Co-Applicant

- 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

