

RENTAL HOUSING APPLICATION

Housing

<p><u>Privacy section:</u> Newfoundland and Labrador Housing Corporation (NLHC) is subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Applicants/clients have a right of access to the existence, use and disclosure of their personal information. Further to Section 61.(c) of ATIPPA, NLHC requires applicant(s) Social Insurance Number(s), as that information relates directly to and is necessary for the operation of NLHC programs.</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)

Is anyone in the household expecting a child [affects bedroom requirement(s)]? Yes No

Due date: ____/____/____ D M Y

+ 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

7. ADDITIONAL INFORMATION

Please 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

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

8. 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

9. 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 Newfoundland and Labrador Housing Corporation (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, 2015 (ATIPPA) authorizes NLHC to collect personal information that "...relates directly to and is necessary for an operating program or activity of the public body." Questions about NLHC's collection of personal information may be directed to NLHC's ATIPPA Coordinator by telephone (709) 724-3004 or by mail P.O. Box 220, 2 Canada Drive, St. John's NL A1C 5J2.
- 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:
 Marystown Office
 60 Atlantic Crescent
 P.O. Box 338
 Marystown, NL A0E 2M0
 Fax: 279-5387
 Tel: 279-5375

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.

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 the 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 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

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List of Communities Burin Area

Burin
Fortune
Grand Bank
Lawn
Marystown
St. Lawrence



Housing