



## RENTAL HOUSING APPLICATION

Housing

| cants/clients have a right of access to<br>personal information. Further to Secti<br>cant(s) Social Insurance Number(s), a<br>necessary for the operation of NLHC | of Privacy Act, 2015 (ATIPPA). Appli-<br>the existence, use and disclosure of their<br>on 61.(c) of ATIPPA, NLHC requires appli-<br>as that information relates directly to and is<br>programs.  OTE: Incomplete applications will | Date Received:             | ssed.          |  |
|---|--|----------------------------|----------------|--|
|   | / Income Si  |                            | applicable):   |  |
| Applicant:(Title: Mr. Mrs. Ms.)   | (First Name)   | (Initial)                  | (Last Name)    |  |
| Where can you be contacted  | ed?(Street/Apartment)  |                            | (P.O. Box)     |  |
|   | (City/Town)  | (Province)                 | (Postal Code)  |  |
| Telephone: (Home)   | (Work)   | ((                         | Cell)          |  |
|   |  |                            |                |  |
| Do you have a current appl I hereby give consent for: _   | □ Married □ Widowed □ Divication with the City of St. John'  (Name)  my behalf regarding this applic   | s?    Yes    No            | (Relationship) |  |
| •   | (Work)   |                            | Cell)          |  |
| HOUSEHOLD OCCUPANTS  List all occupants who will be living with you and the dependants for whom you have joint or sole custody.                                   |  |                            |                |  |
| Full Name  1(Co-applicant)  2   | Relationship Marital to Applicant+ Status*   | Date of     Gender         | Y Number//     |  |
|   | n four household occupants)  |                            |                |  |
|   | expecting a child [affects bedro   | either: Spouse, Child, Oth |                |  |

| 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:  |
| <ul> <li>(Please see attached list of communities)</li> <li>Applicants must select at least one area or community.</li> </ul>   |
|   |
| 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   |
|----|--|
| ΡI | 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 |
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| ΡI | ease provide information and supporting documentation as to why you are seeking accommodation:   |
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| 8.   | 3. ADDITIONAL HOUSEHOLD OCCUPANTS   |                               |                    |        |                     |                                  |
|--|---|-------------------------------|--------------------|--------|---------------------|----------------------------------|
| 5  | Full Name   | Relationship<br>to Applicant+ | Marital<br>Status* | Gender | Date of Birth D M Y | Social Insurance<br>Number<br>// |
| 6.   |   |                               |                    |        |                     |                                  |
| 7.   |   |                               |                    |        |                     |                                  |
| 8.   |   |                               |                    |        | //                  |                                  |
| * M  | + 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  |                               |                    |        |                     |                                  |
| <ol> <li>DECLARATION</li> <li>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.</li> <li>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.</li> </ol> |   |                               |                    |        |                     |                                  |
| 3)   | 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. |                               |                    |        |                     |                                  |

- 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:

Stephenville Office 58 Oregon Drive Stephenville, NL A2N 2Y1

Fax: 643-6843 Tel: 643-6826

#### 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 (ATTIPA)

| The purpose of this form is to provide consent to<br>Privacy Act (ATIPPA) and will be used solely for the  |  | otected and governed by the Access to Information and Protection o   |
|--|--|--|
|  |  | right to protection of their personal information, have the right to access onal information if there has been an error or omission.   |
| Name of Client:  | Co-leaseh  | older:   |
| Address:   |  |  |
| Client Consent to Release and Ex   | change Personal Information  |  |
|  | , common-law spouse, children  | uments required to confirm my eligibility, or the or dependant student), for NL Housing aseholder.   |
| employees. Some examples of thes<br>Resources and Skills Development of<br>Childhood Development, Health and<br>Compensation Commission; regiona | e departments, agencies or indiv<br>Canada – Service Canada; provi<br>Community Services and Finan<br>Il health authorities; government<br>Dizations or individuals that may | documents to release them to NL Housing's riduals include, but are not limited to: Human incial departments of Education and Early ace; the Workplace, Health, Safety and is and agencies in other provinces and have information that is deemed necessary for |
| Responsibilities   |  |  |
| -  | ren or dependant student), that r  | nces, or the circumstances of my family may affect eligibility for NL Housing programs   |
| Rights   |  |  |
| /We understand that by signing t<br>deem it to be complete and true.   | nis consent form I/we am in ag   | reement with the information collected and   |
| /We understand that I/we may wit   | hdraw this consent at any time   | e and consent was given voluntarily.   |
| f I do not sign this form or do not understand that I/we can still get   |  | oviders sharing information about me, I/we<br>I services are available.  |
| •  | •  | r I/we cease to avail of the NL Housing onsent is withdrawn prior to that date.  |
| Signature of Client Co   | nsenting to Release  | Date   |
| Signature of Co-Leaseholde   | er Consenting to Release   | Date   |





### 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<br>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

