

# RENTAL APPLICATION

**Privacy section:**

Newfoundland Labrador Housing (Housing) is subject to the *Access to Information and Protection Privacy Act*. Applicants/clients have a right of access to the existence, use and disclosure of their personal information.

**Office Use Only**

Application #: \_\_\_\_\_

Date Received: \_\_\_\_\_

**NOTE: Incomplete applications will be returned unprocessed.**

**1 APPLICANT INFORMATION**

Social Insurance Number

AES 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: \_\_\_\_\_ Marital Status:  Single  Married  Widowed  
 Divorced  Separated  Common-Law

Aboriginal:  Yes  No

I hereby give consent for \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)  
to make enquiries or act on my behalf regarding this application.

(Home)  -  (Work)  -

**2 HOUSEHOLD OCCUPANTS**

**(Only list occupants that will be living with you and only list dependants for whom you have joint or sole custody.)**

	Full Name	Relationship to Applicant+	Marital Status*	Gender	Date of Birth			Social Insurance Number*
					D	M	Y	
1.	_____	_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Co-Applicant)							
2.	_____	_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	_____	_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	_____	_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(Please see Section 9 if more than four household occupants)**

\*SIN is required by Housing to operate its programs and services

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.

**3 CURRENT HOUSING**

What are your present accommodations?  own home  boarding house  transition house  
 rented apartment  living with family/friends  shelter

Currently, I live in:  Semi-detached  Row Housing  Apartment  Single Dwelling

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?     
D M Y

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**

**Before the application is accepted, you must attach a copy of the last "Option C" printout for each household member 18 years or older. This "Option C" printout can be obtained from Canada Revenue Agency by calling 1-800-959-8281.**

**5 PREVIOUS ASSISTANCE**

Have you ever received the following from Newfoundland Labrador Housing?

- Rental (address \_\_\_\_\_)
- Rent Supplement (address \_\_\_\_\_)
- Home Repair Loan (address \_\_\_\_\_)

**6 HOUSING PREFERENCES AND CHOICES**

Area of Choice: \_\_\_\_\_

(Please see attached list of communities)

**(Selecting more than one area or 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 a disability or mobility problem?  Yes  No  
If yes, please provide additional information on the nature of the problem in Section 8.

Does anyone in the household need home support services?  Yes  No  
If yes, please provide additional information on the nature of the support service in Section 8.

**6A Go to Section 8. Please provide information and supporting documentation as to why you are seeking accommodation.**

**7 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 NL Housing 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 NL Housing programs. This information will only be disclosed to NL Housing 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 Housing programs will be reported at the provincial/regional level and will not personally identify individuals. Section 32(c) of the *Access to Information and Protection of Privacy Act (ATIPPA)* authorizes Newfoundland Labrador Housing (Housing) 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 NL Housing 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 NL Housing's discretion result in the cancellation of any lease entered into pursuant to this application. I/We further agree that such action by NL Housing will be without penalty or liability for damages.
- 4) I/We understand that this application does not constitute an agreement by NL Housing or its representatives to provide housing assistance.
- 5) I/We further acknowledge the right of NL Housing 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 NL Housing.
- 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:**

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

**Fax: 256-1320**  
**Tel: 256-1300**

**Reminder**

- ⊔ Only completed applications with an attached "option C" printout (see section 4 above) 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 AES is making rental payments on your behalf, please ensure that your AES file number is filled in on the front of this form.

**8 ADDITIONAL INFORMATION**

Please provide additional information for the following:

- Information regarding a disability or mobility problem
- Information regarding a need for home support services
- Medical condition
- Other circumstances which affect your housing requirement

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

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\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature

**9 ADDITIONAL HOUSEHOLD OCCUPANTS**

	Full Name	Relationship to Applicant+	Marital Status*	Gender	Date of Birth			Social Insurance Number*
					D	M	Y	
5.	_____	_____	_____	_____				
6.	_____	_____	_____	_____				
7.	_____	_____	_____	_____				
8.	_____	_____	_____	_____				

\*SIN is required by Housing to operate its programs and services

## List of Communities Gander Area

Appleton  
Arnold's Cove  
Badger's Quay  
Bloomfield  
Bonavista  
Bunyan's Cove  
Cannings Cove  
Catalina  
Centerville  
Charlottetown  
Clarenville  
Come By Chance  
Dover  
Eastport  
Fogo  
Gambo

Gander  
George's Brook  
George's Point  
Glenwood  
Glovertown  
Goobies  
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



Housing