



HVGB HOUSING AND
HOMELESSNESS
COALITION INC.

Rental Application

Note: Incomplete applications will not be processed

Office Use only	Application Number:	Date received:
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1. Applicant Information (Applicant 1)

Social Insurance Number:

Income Support File Number (if applicable)

(First name) (Middle Initial) (Last Name)

Address: _____
(Street/Apartment) (P.O. Box)

(Town) (Province) (Postal Code)

Telephone: (Home) _____ (Work/Cell) _____

Email ID: _____

Date of Birth: _____ Gender: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
☐ Common-Law ☐ Separated ☐ Other: _____

Indigenous: ☐ Yes ☐ No

I/We hereby give consent for: _____
(Name) (Relationship)

To make enquiries or act on my behalf regarding this application.

2. Applicant Information (Applicant 2)

Social Insurance Number:

Income Support File Number (if applicable)

(First name) (Middle Initial) (Last Name)

Address: _____
(Street/Apartment) (P.O. Box)

(Town) (Province) (Postal Code)

Telephone: (Home) _____ (Work/Cell) _____

Email ID: _____

Date of Birth: _____ Gender: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
☐ Common-Law ☐ Separated ☐ Other: _____

Indigenous: ☐ Yes ☐ No

I/We hereby give consent for: _____
(Name) (Relationship)

To make enquiries or act on my behalf regarding this application.

3. Current Housing

Present accommodations: ☐ Own home ☐ Boarding house ☐ Shelter
☐ Rented Apartment ☐ Living with Family/Friends
☐ Other:(Specify)_____

Name of you landlord (if renting): _____

Moved in (DATE): _____

Do you owe money to current/past landlord: ☐ Yes ☐ No **Amount: \$**_____

Monthly cost of your present accommodation (including utilities): \$_____

Do you owe money to 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. This “Option C” printout can be obtained from CRA by calling 1-800-959-8281. A notice of assessment will not be accepted.

5. Housing Information

Do you or anyone in your house smoke: ☐ Yes ☐ No

Do you own a pet: ☐ Yes ☐ No

Does anyone in the household have a disability: ☐ Yes ☐ No

If yes, please provide additional information on the nature of the problem in Section 6.6 _____

Does anyone in the household receive home support services: ☐ Yes ☐ No

If yes, please provide additional information on the nature support service section 6 _____

6. Additional Information

HVGBHHC is affordable living, with wrap around supportive services. This application will help us identify what support may be helpful to you. Please note, it is understood that you may not require support in multiple/all components discussed within this application.

1. Self-care and daily living skills are an important piece of overall wellness. This component is concerned with functions of taking care of oneself and meeting daily needs, meeting those needs independently and living independently. This includes such things as taking care of personal hygiene, being able to cook, clean, do laundry etc. Please indicate any challenges/barriers you or your partner may experience with this component.

2. Please indicate any support necessary for money management. This is the ability to manage money and the associated tasks such as paying bills, filling out forms, completing a budget etc. Other support may be helpful with a job search.

3. Mental Health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community. Please indicate any stressors or diagnosis which may impact positive mental health, keeping in mind that we all have mental health.

4. As part of the Supportive Living Program, we offer wrap around support services. Should you or your partner wish to relate to supports around addiction concerns or recovery support please indicate below.

5. In the past what are some challenges you and your partner experienced in obtaining/ maintaining housing? What support may have been helpful?

6. Please provide additional information for you and your partner for the following

- a. Information regarding a disability or mobility problem
- b. Information regarding the need for home support services
- c. Physical wellness
- d. Other circumstances which affect your housing requirement

7. Do you or your partner currently have a formal support network within your community i.e. AES, NL Housing Corp., Mental Health and Addictions, NunatuKavut, Nunatsiavut, Family Justice, Libra House, LFC, HVGBHHC Ministerial Association etc. If so, which agencies are a part of this support network.

8. Keeping in mind all that has been discussed in this application please indicate what type of support services would be beneficial for you and your partner, i.e. Financial Planning, Life Skills, Referral Services or other.

7. 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 HVGBHHC.

As stated in ATIPPA, all clients have the right to protect their personal information, have the right to access their personal information that is held within the organization, and have the right to access their personal information if there has been an error or emission.

Name of Client: _____ **Co-Applicant:** _____

Client Consent to Release and Exchange Personal Information

I/we give consent to HVGBHHC to obtain and verify information or documents required to confirm my eligibility, or the eligibility of my spouse, for HVGBHHC housing.

I/we give consent to any department to obtain and verify information or documents to release them to HVGBHHC employees. Some examples of these departments, agencies or individuals include, but are not limited to: NunatuKavut, Nunatsiavut, CRA, Health and Community Services and Finance, employers; or other organizations or individuals that may have information that is deemed necessary for HVGBHHC.

Responsibilities

I /we agree to report to HVGBHHC any changes in my circumstances that may affect eligibility for HVGBHHC housing and wrap around supportive services.

Rights

I/we understand that by signing this consent form I/we agree 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/we do not sign this form or do not want to consent to service providers sharing information about me, I/we understand that it may jeopardize approval of application.

This consent expires automatically if application is withdrawn or immediately if tenant takes occupancy.

_____ Signature of Tenant Consenting to Release	_____ Date
_____ Signature of Co-Applicant Consenting to Release	_____ Date

8. 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 HVGBHHC shall result in the application being 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 providing wraparound supportive services with HVGBHHC.
- 3) I/we authorize HVGBHHC to investigate any or all the statements made herein, being fully aware that discovery of any false statements will cancel this application and may in HVGBHHC's discretion result in the cancellation of any lease entered into pursuant to this application. I/we further agree that such action by HVGBHHC will be without penalty or liability for damages.
- 4) I/we understand that this application does not constitute an agreement by HVGBHHC or its representatives to provide housing assistance.
- 5) I/we further acknowledge the right of HVGBHHC or its member(s), at any time prior to the execution and delivery to me 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 will be required.
- 7) I/we acknowledge that I/we in the province of Newfoundland and Labrador at the time of this application and/or have "Permanent Residency" status in the province.

Signature of Tenant Consenting to Release

Signature of Co-Applicant Consenting to Release

Return to:

HVGBHHC
P.O Box 422, Station B
HVGB
A0P 1E0
hvgbhousing@gmail.com
(709)899-6522

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 you are receiving Income Support, please ensure that your Income Support File Number is filled in on the front of this form.