



## Happy Valley-Goose Bay Housing and Homelessness Coalition Rental Application

**Note:** Incomplete applications will not be processed

### 1. Applicant Information (Applicant 1)

Social Insurance Number:

Income Support File Number (if applicable):

MCP Number:

\_\_\_\_\_  
(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: \_\_\_\_\_

Do you identify as Indigenous?  Yes  No

## 2. Applicant Information (Applicant 2)

Social Insurance Number: \_\_\_\_\_

Income Support File Number (if applicable): \_\_\_\_\_

MCP number: \_\_\_\_\_

\_\_\_\_\_  
(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: \_\_\_\_\_

Do you identify as 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 your landlord (if renting): _____
Moved in (DATE): _____
Do you owe money to current/past landlord: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Amount: \$</b> _____
Monthly cost of your present accommodation (including utilities): \$_____
Do you owe money to power utility company: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Amount: \$</b> _____

<b>4. Housing Information</b>
Do you or anyone in your house smoke: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a pet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the household have a disability: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide additional information on the nature support service section 6

**5. 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. Being able to take care of yourself and manage daily activities is an important part of living independently. If you or your partner experiences any challenges with personal care or everyday tasks such as cooking, cleaning, or doing laundry, please describe them here.



2. If you receive help with managing your finances or feel you may need support with things like paying bills, filling out forms, or budgeting, please let us know. You may also include any other support that would be helpful to you.


3. Many people experience stress, anxiety, or other mental health concerns at some point in their lives. If there is anything related to your mental well-being that you feel is important for us to know, please describe it here.


4. As part of the program, we offer wrap around support services. Should you or your partner wish to avail of support around mental health, addictions, or recovery support please indicate below.



5. In the past what were some challenges you 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?


## 6. 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

## 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 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 members, 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  
3F Anderson Crescent  
P.O Box 422, Station B  
HVGB  
A0P 1E0  
seniors@hvgbhousing.com  
(709)899-6522

### REMINDER

- Only completed applications with all supporting documentation will be accepted.
- If you have any unique 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.

