REQUEST FOR ADDITION TO HOUSEHOLD

1. CURRENT TENANT

Last Name	First Name	Date of Birth (dd/mm/yy)	☐ M ☐ F Sex
Street Address		Postal Code	Unit/Apartment No.
City/Municipality	Telephone No.	E-mail	Social Insurance No.

2. APPLICANT (PERSON TO BE ADDED TO LEASE) Please select one of the following options:

☐ I'd like to be a leaseholder ☐ I'd like to be an occupant

Last Name	First Name	Date of Birth (dd/mm/yy)	☐ M ☐ F Sex
Street Address		Postal Code	Unit/Apartment No.
City/Municipality	Telephone No.	E-mail	Social Insurance No.
Relationship to Applicant		Date to take Effect	

3. APPLICANTS PRESENT EMPLOYMENT (ALSO COMPLETE IF SELF-EMPLOYED)

Present Employer's Name		Telephone No.	
Address Where Employed		Municipality	year(s) month(s) Length of Employment
Occupation	Name of Department	Telephone No.	Extension

Are you allowed to take personal calls? ☐ Yes ☐ No

4. APPLICANTS PREVIOUS LANDLORD AND RESIDENTIAL HISTORY

Previous Landlord's Name		Telephone No.	Address
Previous Address of: ☐ Applicant ☐ Co-Applicant		Reason for Leaving	Length of Residency

APPLICANTS PREVIOUS LANDLORD AND RESIDENTIAL HISTORY

Previous Landlord's Name		Telephone No.	Address
Previous Address of: ☐ Applicant ☐ Co-Applicant		Reason for Leaving	Length of Residency

Victoria Park Community Homes 155 Queen St. North Hamilton ON L8R 2V6
P: 905.527.0221 T: 1-866-780-7275 F: 905-527-3181 E: info@vpch.com www.vpch.com

5. Other Family Members to reside in Accommodation applied for

Last Name	First Name	Social Insurance No.	Date of Birth			Sex		Relationship
			Day	Month	Year	M	F	

6. Family Income

Source of Income	Gross Monthly Income		
	Current Tenant	Applicant (Person added to lease)	Other Family Members
Employment (From all employers)	$	$	$
Social Assistance	$	$	$
Old Age Security	$	$	$
Alimony/Support	$	$	$
Unemployment Insurance	$	$	$
Other (Specify)	$	$	$

7. Person to be notified in case of Emergency (Next of Kin, Sponsor, Doctor, Friend)

1. Next of Kin/Sponsor Name	Address	Telephone Number	Relationship
2. Next of Kin/Sponsor Name	Address	Telephone Number	Relationship

Declaration

"I make the following Representations and Warranties knowing that they will be relied upon by Victoria Park Management to assess my qualifications for rental accommodation:

1. The information given in the form is accurate and complete.
2. I understand that if rental accommodation is provided to me, that accommodation is to be occupied only by me and those members of my family approved by Victoria Park Management.
3. I do _____ / do not _____ owe money to any landlord and/or utility company.

I give my consent and authorization to Victoria Park Management.

To make any inquiries that it deems necessary to verify the information given in this form and I authorize any person, corporation, or any social agency having knowledge of any such required information to release the information to Victoria Park Management. I agree to provide any supporting material Victoria Park Management may require.

Witness	Applicant	Date
Witness	Applicant	Date
Witness	Applicant	Date

VICTORIA PARK MANAGEMENT

My Home, My Family, My Community

Consent Form

for Collection, Use and Disclosure of Personal Information

Please read this release and consent carefully, and sign in the spaces below. All people 16 years of age and older who live in the unit must sign this.

RELEASE AND CONSENT

1. I understand that Victoria Park Community Homes Inc. and Victoria Park Community Homes Management Project (collectively referred to as "Victoria Park") are required and authorized to collect personal and financial information about me, pursuant to the provisions of the *Social Housing Reform Act, 2000* and its Regulations. I further understand that I am not required to supply this information to Victoria Park, but if I do not supply this information, I will not be eligible to become a tenant of a subsidized/rent-geared-to-income rental unit.

   Any questions about the collection of my personal information should be directed to the Executive Director (Privacy Officer) at Victoria Park (905) 527-0221 or 1-866-780-7275.

2. Should I choose to provide Victoria Park with my personal and financial information, I understand and consent to Victoria Park releasing this information as it is required to do so by the terms and conditions of *Social Housing Reform Act, 2000* and its Regulations to various Social Services Offices, Municipal Service Managers[1], District Social Service Administration Boards, and Housing Providers, without further notice to me. I further understand and authorize that Victoria Park may release this information, if it is necessary to make decisions about my eligibility for housing assistance, under the *Social Housing Reform Act, 2000,* the *Ontario Works Act, 1997,* the *Ontario Disability Support Program Act, 1997,* and the *Day Nurseries Act.*

3. Furthermore, I authorize and consent to the releasing of the information on this Consent Form and the attached Rental Subsidy Application and Statement of Employment Earnings by Victoria Park to any department, ministry or agency of the Government of Canada without further notice to me if this information is necessary for the purpose of the Government of Canada and its various ministries, agencies and departments, in administering and enforcing the *Income Tax Act* (Canada) or *Immigration Act.* I acknowledge that Victoria Park has an obligation and commitment to the Government of Canada to share such information in the appropriate circumstances.

4. I consent to Victoria Park making various inquiries of any financial institutions including, but not limited to, banks, trust companies and credit unions with respect to any item of information contained in this Consent Form and the attached Rental Subsidy Application and Statement of Employment Earnings with respect to any bank accounts, safety deposit boxes, financial assets, employment income, investment income or any sources of income or assets whatsoever of any nature or kind (collectively referred to as my "assets"), whether my assets are owned alone by me personally or jointly with any other person, or owned on behalf of any of my dependents or children, whether permanently or temporarily in my care, or are owned by a person on my behalf as beneficial owner.

5. I consent to Victoria Park releasing the information on this Consent Form and the attached Rental Subsidy Application and Statement of Employment Earnings to any other government agency, be it municipal, provincial or federal, with whom Victoria Park has an agreement under the *Social Housing Reform Act 2000* or any other housing agreement without further notice to me for the purposes of conducting research and investigations relating to any social benefit program or social housing or rent-geared-to-income assistance program.

6. I understand that any information on this Consent Form and the attached Rental Subsidy Application and Statement of Employment Earnings released by Victoria Park to any governmental entity listed above is confidential and will only be given and used in accordance with the provisions of the *Social Housing Reform Act, 2000,* the *Ontario Works Act, 1997,* the *Ontario Disability Support Program Act, 1997,* and the *Day Nurseries Act,* the *Income Tax Act* (Canada) and the *Immigration Act.*

7. I consent to Victoria Park conducting and receiving, through its employees, credit information from any credit agency or other source of credit information.

8. You give your consent and authorization to us to disclose to municipal, provincial, or federal departments and any agency that assists in the provision of social housing, social agencies which provides social assistance, or any credit information company, a collection agency, to any private or social housing landlord, any Consolidated Municipal Service Manager or District Social Service Administration Board and the Provincial-wide Arrears Database, all information will be used by the individual Coordinated Access systems in the province of Ontario, as part of the screening process for the applicants for social housing and for the collection of arrears. **In the event I place insurance coverage with SoHo Insurance Inc. I consent for SoHo Insurance Inc. and Victoria Park Community Homes to share information pertaining to my insurance particulars as a client of SoHo Insurance Inc. and as a tenant of Victoria Park Community Homes Inc.**

[1] Local Service Managers are: The Corporation of the City of Brantford, The City of Hamilton, The Regional Municipality of Waterloo and The Regional Municipality of Halton.

VICTORIA PARK MANAGEMENT

My Home, My Family, My Community

Consent Form

for Collection, Use and Disclosure of Personal Information

DECLARATION

I declare:

1. I declare that everything I have written in this document is true and that no information that is required to be given has been withheld or omitted.
2. I understand that all information I give to Victoria Park Community Homes will belong to them and they will give my information to the housing providers I have chosen. *(If applicable)*
3. I understand that only the people I have listed on this document may live with me in subsidized housing.
4. To share the information as may be set out pursuant to the provisions of the this Consent Form and the attached Rental Subsidy Application and Statement of Employment Earnings.
5. I declare that I am in Canada legally.
6. I understand that I must pay back or arrange to pay any money I may owe to any subsidized housing provider.
7. I understand that it is an offence, under the *Social Housing Reform Act 2000,* for an individual to knowingly obtain or assist a household member to obtain rent geared to income assistance for which they are not entitled. Such an offence carries up to a $5,000 fine or to up to 6 months imprisonment as well as a prohibition from re-applying for assistance for a minimum period of two years. If something on this document is missing, incorrect or false, Victoria Park Community Homes may request additional information or may cancel my eligibility for subsidy or special needs housing.

Address: _____

SIGNATURES OF HOUSEHOLD MEMBERS OVER THE AGE OF 16 YEARS

Tenant 1 (print name)	Signature	Date	Witness (print name)	Signature
Tenant 2 (print name)	Signature	Date	Witness (print name)	Signature
Other Name (16 years & older)	Signature	Date	Witness (print name)	Signature
Other Name (16 years & older)	Signature	Date	Witness (print name)	Signature
Other Name (16 years & older)	Signature	Date	Witness (print name)	Signature
Other Name (16 years & older)	Signature	Date	Witness (print name)	Signature
Other Name (16 years & older)	Signature	Date	Witness (print name)	Signature