

**COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

Please complete all Sections of the Form, attach all supporting documents and return to:  
**Hamilton East Kiwanis Non-Profit Homes Inc.**  
**281 Queenston Road, Hamilton, Ontario L8K 1G9**

|   |  |                  |       |
|---|--|------------------|-------|
| First Name (s):                         |  | Last Name        |       |
| Address - Street Number and Street Name |  | Unit/Apt. No.    | City: |
| Email Address 1:                        |  | Postal Code:     |       |
| Daytime Phone Number                    |  | Email Address 2: |       |
| Alternate Phone Number                  |  | Bedroom Size:    |       |

**Household Members – Starting with yourself, list all the people who live in the unit.**

| First Name | Last Name | Date of Birth<br>Day/Month/Year | Sex<br>M/F | Relationship to<br>You |
|------------|-----------|---------------------------------|------------|------------------------|
|            |           |                                 |            | Self                   |
|            |           |                                 |            |                        |
|            |           |                                 |            |                        |
|            |           |                                 |            |                        |
|            |           |                                 |            |                        |
|            |           |                                 |            |                        |

**Has the Citizenship or Immigration status of any household member changed in the last 12 months?    \_\_\_ No    \_\_\_ Yes (explain):**

\_\_\_\_\_

**Has the Social Insurance Number of any household member changed in the last 12 months?    \_\_\_ No    \_\_\_ Yes (explain):**

\_\_\_\_\_

**Household Members Attending School**

Are any members of your household attending school full time?    Yes\*\*     No   

If yes, please indicate which household member(s): \_\_\_\_\_

\*\*Please attach proof of full time attendance for individuals 16 years of age and older.

**Emergency Contact Person**

Please indicate who we may contact in case of an emergency

|          |               |               |
|----------|---------------|---------------|
| 1. Name: | Phone Number: | Relationship: |
| 2. Name: | Phone Number: | Relationship: |

## COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

**Please have all household members 16 years of age read this declaration.**

### **What is Personal Information?**

Personal Information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

- age, name, ID numbers, income, assets, household composition, residency status, rent payment record, etc;
- opinions, evaluations, comments, social status, or disciplinary actions; and
- employee files, credit records, loan records, medical records, existence of a dispute between a landlord and a tenant, intentions (for example, to acquire goods or services, or change jobs).

### **Collection and Use of Your Personal Information**

Hamilton East Kiwanis Non-Profit Homes Inc. will collect, retain, and use the personal information provided by you in this form and its attachments for the following purposes:

- considering your application for tenancy;
- verifying the information that you have provided in your application for tenancy, and its attachments;
- meeting legal and regulatory requirements arising out of or relating to your tenancy;
- for the use of Hamilton East Kiwanis Non-Profit Homes Inc.'s auditor to verify our financial records;
- for the purpose of contacting necessary services or your next-of-kin in case of emergency;

### **Disclosure of Your Personal Information**

Hamilton East Kiwanis Non-Profit Homes Inc. will disclose the personal information provided by you in this form to the following parties for the purposes described above;

- To any social agency providing any form of assistance to you, or other government subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*, or any government department responsible for social housing programs under the *Housing Services Act 2011*, or Hamilton East Kiwanis Non-Profit Homes Inc.'s housing service agreement with the City of Hamilton;
- To the Government of Canada, a department, ministry or agency of it, without further notice to you if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;
- To any agent working on behalf of Hamilton East Kiwanis Non-Profit Homes Inc. for the purposes of complying with the *Housing Services Act 2011*;
- To relevant agencies or next of kin in case of emergency;
- To credit bureaus and other businesses that provide credit or rental history information about you;
- To a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of Hamilton East Kiwanis Non-Profit Homes Inc. and;
- To the Coordinated Access Center as required to determine eligibility for alternate housing accommodations

## COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

**Please have all household members 16 years of age read this declaration.**

We make the following pledge knowing that it will be relied upon by Hamilton East Kiwanis Non-Profit Homes Inc. to assess our qualifications for continued residency:

1. I have read and understand the information about Collection, Use, and Disclosure of Personal Information.
2. I authorize Hamilton East Kiwanis Non-Profit Homes Inc. to make any inquiries that it deems necessary to verify information provided. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to Hamilton East Kiwanis Non-Profit Homes Inc.
3. This form and any supporting documents provided become the property of Hamilton East Kiwanis Non-Profit Homes Inc.
4. I authorize and agree that Hamilton East Kiwanis Non-Profit Homes Inc. may collect, use, and disclose the personal information that I have provided on this form and its attachments as described on the previous page. I understand and acknowledge that Hamilton East Kiwanis Non-Profit Homes Inc. will also collect, use, and disclose my personal information as required or permitted by law.
5. Signatures of all household members that are 16 years of age and over are included below. **Signatures must be witnessed.**

|                                    |                                 |                  |                                   |                                 |                  |
|------------------------------------|---------------------------------|------------------|-----------------------------------|---------------------------------|------------------|
| <u>X</u><br>Signature Resident # 1 | <u>X</u><br>Witness's Signature | <u>X</u><br>Date | <u>X</u><br>Signature Resident #4 | <u>X</u><br>Witness's Signature | <u>X</u><br>Date |
| <u>X</u><br>Signature Resident # 2 | <u>X</u><br>Witness's Signature | <u>X</u><br>Date | <u>X</u><br>Signature Resident #5 | <u>X</u><br>Witness's Signature | <u>X</u><br>Date |
| <u>X</u><br>Signature Resident #3  | <u>X</u><br>Witness's Signature | <u>X</u><br>Date | <u>X</u><br>Signature Resident #6 | <u>X</u><br>Witness's Signature | <u>X</u><br>Date |