

# CONSENT TO RELEASE PERSONAL INFORMATION

This is to identify that I,

Family Name/ GivenName /Middle Name	Date of Birth (MM/DD/YYYY)
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in accordance with section 40(1)(d) of the *Freedom of Information and Protection of Privacy Act*, consent to the disclosure of my personal information collected by Capital Region Housing Corporation for the purposes of:

- determining my (and my household's) eligibility for the community housing, near market housing or rent supplement programs, and/or
- administering the program in which my and my household are participating,

as well as any information relating to my file with Capital Region Housing Corporation, such as information relating to my current or past tenancy, or eligibility for a program, to be provided to:

Persons/organizations receiving information including contact information (phone number):
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I understand that I may cancel this consent in writing at any time.

\_\_\_\_\_  
Applicant/Tenant (print name)

\_\_\_\_\_  
Applicant/Tenant (signature)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Witness (print name)

\_\_\_\_\_  
Witness (signature)

\_\_\_\_\_  
Date (MM/DD/YYYY)

