

Consent to Release Personal Information

The purpose of this consent is to allow Homeland Housing to gather information regarding your income and household composition. This information is used to determine your initial and ongoing eligibility for programs and services provided by Homeland Housing.

Section One – Personal Information		
First Name	Last Name	Preferred Name (if different)

Section Two – Authorization Letter	
<p>This is to confirm that I, _____, in accordance with Section 40 (1)(d) of the Freedom of Information and Protection of Privacy Act, consent to the release of my personal information to Homeland Housing for the purpose of determining my eligibility for the program I am applying to. I authorize Homeland Housing to:</p> <ul style="list-style-type: none"> a) Verify all information relating to my application as well as any future information provided to me or my household members. b) Release or exchange any information and documents with other parties. These may include but are not limited to current and past landlords, current and past employers, FCSS and social support workers, health care providers, trustees, guardians, law enforcement, municipal utility providers, and credit reporting agencies. c) Federal, Provincial, or Municipal Government programs related to AISH, Employment Insurance, WCB, and Alberta Works. <p>I also consent to Homeland Housing speaking with and verifying any information related to my application and/or file with the person(s) listed below:</p>	
Name:	Relationship to Applicant:
Telephone No.:	Email:
Name:	Relationship to Applicant:
Telephone No.:	Email:

Section Three – Authorization Signature		
Applicant/Tenant Name (Print)	Applicant/Tenant Signature	Date (dd/mm/yyyy)
Co-Applicant/Tenant Name (Print)	Co-Applicant/Tenant Signature	Date (dd/mm/yyyy)

Section Four – Dependents (if applicable)

I declare that I am the legal guardian of the following children and/or dependents.

Full Legal Name	Birthdate (dd/mm/yyyy)	Age

Section Four – Authorization Signature

I consent to the release and exchange of information for the children and/or dependents listed above.

Legal Guardian Name (Print)	Legal Guardian Signature	Date (dd/mm/yyyy)
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This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. Personal information collected on this form is used for the purposes of administering the Rental Assistance and Temporary Rental Assistance Benefit programs. Limited information may also be used by Homeland Housing and/or provided to the Minister of Seniors, Community and Social Services for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. If you have any questions, please contact our FOIP Coordinator at 780.939.5116 or at info@homelandhousing.ca.