



914 Bison Way
 Sherwood Park, AB T8H 2C4
 Phone: 780.400.3500

CONSENT TO RELEASE PERSONAL INFORMATION

The purpose of this consent form is to allow Heartland Housing Foundation to gather information regarding your income and household composition on your behalf. This information will be used to determine your initial and continued eligibility.

- Heartland Housing Foundation requests that all members of the household 18 years of age or older sign this consent form.
- Agencies will not release information without your written consent.
- If there are dependents in the household, please fill out section three on page 2 of this form.
- Please submit this form along with your application via mail, in person at our office during regular office hours, or by email.

SECTION ONE – PERSONAL INFORMATION	Applicant/Tenant Code: (For office use only)	
First Name(s)	Last Name	Preferred Name (if different)

SECTION TWO – AUTHORIZATION LETTER

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 Heartland Housing Foundation for the purpose of determining my (and my household's) current and future eligibility for the program I am applying to.

I further authorize Heartland Housing Foundation to:

- Verify all information relating to my application as well as any future information provided to me or my household members.
- Release and exchange any information and documents with other parties. These may include but are not limited to: current & past employers, social support workers, health care providers, FCSS workers, trustees, landlords, municipal utility departments, or;
- Federal, Provincial or Municipal Government departments which may encompass associates working for AISH, Alberta Works, Employment Insurance, and WCB.

In addition to the above, I also consent to Heartland Housing Foundation speaking with and verifying any information relating to my application and/or file with the person(s) listed below:

Name:	Relationship to Applicant:	
Phone #:	Email:	
Name:	Relationship to Applicant:	
Phone #:	Email:	

SECTION TWO – AUTHORIZATION SIGNATURE

I understand that this authorization will remain valid from this date forward unless revoked by me in writing.

Applicant/Tenant Name	Applicant/Tenant Signature	Date (DD/MM/YYYY)
Co-Applicant Name	Co-Applicant Signature	Date (DD/MM/YYYY)

SECTION THREE – DEPENDENTS (IF APPLICABLE)

I declare that I am the legal guardian of the following children and/or dependents. *If you need more space, attach additional pages.*

Full Legal Name	Birthdate (M/D/Y)	Age

SECTION THREE – SIGNATURE (LEGAL GUARDIAN)

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

Legal Guardian Name	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. All personal information collected during this process, during the course of the tenant(s) stay, and for the participation in any programs will be used to provide services and ensure a safe and secure environment of all our tenants and clients. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP act. Limited information may also be used by Heartland Housing Foundation for the purpose of developing programs or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have questions, please contact our FOIP Coordinator at 780-400-3500 or at info@heartlandhousing.ca.