## **Authorization to Release Information**



Applicant information	
First name:	Last name:
Street address:	
City:	Postal code:
Telephone:	Application #:
Release	
I authorize any person, agency or organization to relepurpose of determining or verifying eligibility for rental requests pertaining to my marital status, employment condition, family status, benefits received under other information. I understand this includes Manitoba Housincluding past and present landlord reference checks. A copy or facsimile of this authorization has the same authorize the disclosure of information.	I housing. I understand this consent includes, income, assets and liabilities, medical programs or any other relevant personal sing conducting a personal investigation, income verification and utility checks.
Signature:	Date:
Your personal information and personal health inform Housing programs and used to determine or verify yo information is protected by the Protection of Privacy p Protection of Privacy Act (FIPPA) and, if applicable, T	ur eligibility for rental housing. Your personal provisions of The Freedom of Information and
If you have any questions about the collection of pers Housing's Access and Privacy Coordinator at 600 – 3	· ·