

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Your personal information is collected under the authority of Donwood programs and used to determine your eligibility for rental housing and any tenancy which may eventually result from this application. Your personal information is protected by *The Freedom of Information and Protection of Privacy Act* and, if applicable, *The Personal Health Information Act* (PHIA).

If you have any questions about the collection of personal information, please contact Access and Privacy Coordinator.

CONSENT TO DISCLOSE AND SHARE INFORMATION

I /we consent to sharing any personal information or personal health information with other agencies for the purpose of ensuring eligibility for a housing program determining my/our housing needs.

I /we authorize any person, agency or organization to release or exchange information for that purpose. I understand this consent includes requests pertaining to my marital status, employment, income, assets and liabilities, medical condition, family status, benefits received under other programs or any other relevant personal information. I understand this includes Donwood conducting a personal investigation including past and present landlord reference checks, income verification and utility checks.

I/we consent to Donwood sharing any personal information or personal health information with the appropriate housing program once housing is available.

A copy or facsimile of this signed Consent to Disclose has the same effect as the original and is sufficient to authorize the disclosure or exchange of information.

DECLARATION

I/we understand that this application is not an agreement on the part of Donwood to provide me with housing. I acknowledge that, once submitted, this application becomes the property of Donwood.

I/we certify that the information given in this statement is true, correct, and complete in every respect. It fully discloses my income from all sources. If something is incorrect or not true, I understand that Donwood may cancel my application or take any other measures deemed appropriate.

SIGNATURES

<hr/>	<hr/>	<hr/>
Applicant Name <i>(please print)</i>	Applicant Signature	Date
<hr/>	<hr/>	<hr/>
Co- Applicant Name <i>(please print)</i>	Co- Applicant Name <i>(please print)</i>	Date
<p>For those Applicants signing this application with "X", a witness must sign below:</p>		
<hr/>	<hr/>	<hr/>
Witness Name <i>(please print)</i>	Witness Signature	Date

RELEASE INCOME INFORMATION

I consent to the release of income, expense and dependents' information from my income tax records by the Canada Revenue Agency (CRA) to Donwood Manor Elderly Persons Housing Inc. under the authority of the Housing and Renewal Corporation Act of Manitoba. The information will be relevant to, and used solely for, verifying eligibility, determining need and setting rental charges for government-subsidized rental housing.

This consent is valid for the previous two tax years, the current year and each year after if I am a tenant with Donwood. I understand that, if I wish to withdraw this consent, I may do so at any time in writing to Donwood Manor EPH.

CONSENT TO RELEASE CERTIFIED INCOME TAX DOCUMENTS-SIGNATURES

APPLICANT

Application Name: _____
Please Print

Social Insurance Number _____

Applicant Signature _____

Date: _____

CO -APPLICANT

Co- Applicant Name: _____
Please Print

Social Insurance Number _____

Applicant Signature _____

Date: _____

For those signing with an "X" a witness name and signature is required.

Witness Name _____

Date: _____
Please print

Witness Name _____

Date: _____

Address: _____ Phone: _____

Signature _____ Date: _____