

CALGARY HOUSING COMPANY
CONSENT TO RELEASE AND COLLECT INFORMATION
(Direct Rent Supplement/Municipal Rent Supplement/Rent Shortfall Programs)

In accordance with section 34(1)(k)(i)(ii) and 40(1)(d) of the Freedom of Information and protection of Privacy Act, I _____ of _____ give Calgary Housing Company permission to contact my Landlord to verify occupancy, rental amount and housing accommodation. This release also allows the Landlord to release the above information to Calgary Housing Company to determine my eligibility for the Direct Rent Supplement Program, Rent Shortfall Program and the Municipal Rent Supplement Program. This release of information is in effect for a one (1) year period from **date release is signed**.

Landlords Name: _____

Landlord's Phone Number: _____

I have read and understood the above consent

Signature of Applicant

Date Signed

Please ensure rent payments are clearly labeled on the bank statements you provide and answer the following questions:

Monthly Rent Amount _____ Is rent shared? YES NO

Payment method _____

On the bank statements provided ensure rent payments are clearly marked

Additional Comments _____

