

CONSENT TO RELEASE AND COLLECT INFORMATION

Rent Assistance Benefit (RAB) Program

In accordance with section 34(1)(k)(i)(ii) and 40(1)(d) of the Freedom of Information and	
protection of Privacy Act, I	(name) of
	(address
give Calgary Housing permission to contact my landlo housing accommodation. This release also allows the above information to Calgary Housing to determine mental Benefit (RAB) Program release of information is in expressed.	Landlord to release the ny eligibility for the Rent Assistance
Landlords Name:	Phone Number:
I have read and understood the above conse	nt
Signature of Applicant	Date Signed
Monthly Rent Amount \$	Is rent shared? YES NO
Payment method:	
Additional Comments:	