Housing Connections

Authorization of Release of Personal Information from a Third Party

Applicant information			
First name:		Last name:	
Street address:			
City:		Postal code:	
Telephone:		Application #:	

Release			
I, _____ , authorize the release of personal information from *(Applicant name)* _____ to Housing Connections about my application *(Third party name)* for subsidized housing.			
Signature:		Date:	

Please mail this completed form to:
176 Elm Street
Toronto, ON
M5T 3M4

Or fax to:
(416) 981-6112

Updated April 2010