

Consent to Collect, Use and Disclose Personal Information

The personal information provided within this application is collected by Access Housing Connections Inc. (Housing Connections) under the authority of the *Housing Services Act, 2011, c.6.* (HSA) and is collected for administering a centralized application and waiting list, and other social housing programs under the HSA and prescribed by Regulation, and for any residential tenancy or occupancy I/ we may eventually have with a housing provider or landlord. Questions about this collection may be made to Access Housing Connections Inc.

I / We understand that:

- This information is collected to permit Housing Connections (and their respective employees, agents and or contractors) to determine initial eligibility for housing accommodation, rent-geared-to-income assistance, household composition, occupancy, and other matters relating to social housing programs I / We are applying for.
- This information will also be used for the continuing review and monitoring, and updating of my / our application and eligibility for housing accommodation and rent-geared-to income assistance, and for other related purposes;
- A file containing personal information relating to my /our application, housing or tenancy and other personal information will be created by Housing Connections, and that this information will be shared with Housing Providers.
- I /we may have access to my/our personal information. To consult my / our file I/we may do so by sending written request to Housing Connections.
- Housing Connections may disclose the information to verify it and the contents of my /our application. In order to do so, I / we understand that Housing Connections may be required to disclose or share this information with other members of my/our household, other persons or agencies.

Consent to Disclose/Share Information

I / We consent to Housing Connections obtaining, disclosing or exchanging my /our personal or other information (including information contained in my /our application file, tenancy file or other files) at any time, from, to, or with relevant provincial ministries, the City of Toronto, other Service Managers under the HSA, housing providers, lead agencies, administrators appointed by the Service Manager, and or organizations providing service to any of them, and any person or officer investigating or enforcing the law, under the HSA, Ontario Disability Support Plan Act, Ontario Works Act, or the

Day Nurseries Act, landlords, co-applicants, reference persons listed in our application, my/ our employer(s), any agencies providing social assistance or services to me / us.

Housing Connections will use the information provided to determine, verify and monitor

- Application for housing
- Eligibility for housing
- Rent Geared to Income Assistance
- Other housing programs under the HSA
- Collection of other monies owing as a result of any previous tenancy
- Third-party verification of information supplied
- Special Needs or Alternative Housing
- Other consistent purposes not prohibited by law

Date: _____

X _____
Household member over the age of 16 years (or designate)

X _____
Applicant's Signature

X _____
Household member over the age of 16 years (or designate)

X _____
Spouse or Co-applicant's Signature

X _____
Household member over the age of 16 years (or designate)