



Release of Information

Pursuant to the Freedom of Information and Protection of Privacy Act

You provide Peterborough Housing Corporation with personal and sensitive information. To protect your privacy, we do not disclose information without your consent. Information will only be disclosed as it relates to your housing application, tenancy, and supports needed to maintain your housing.

I/We, (please print) _____

Residing at (address) _____

Telephone Number _____

Give permission to the Peterborough Housing Corporation to release and request information concerning my application, tenancy or support needs to:

Name of alternate contact person: _____

Phone Number: _____

Relationship to you: _____

AND / OR

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Peterborough Social Services/Ontario Works (OW) | <input type="checkbox"/> CCRC |
| <input type="checkbox"/> Ontario Disability Support Program (ODSP) | <input type="checkbox"/> VON |
| <input type="checkbox"/> Community Care | |
| <input type="checkbox"/> Other: _____ | |

Signature

Date