

**RESIDENT CONSENT TO  
DISCLOSE INFORMATION**

**Toronto Seniors  
Housing Corporation**

Toronto  
Community  
Housing



423 Yonge Street, 2<sup>nd</sup> Floor  
Toronto, ON M5B 1T2

931 Yonge Street  
Toronto, ON M2W2H2

**Toronto Community Housing and Toronto Seniors Housing wish to connect you with services that will assist you in maintaining your residency. In order to do this, we need your consent to disclose your personal information and to discuss your tenancy issues with each other and with third parties.**

Tenant's Full Name: \_\_\_\_\_

Tenant's Address: \_\_\_\_\_

Tenant's Phone Number: \_\_\_\_\_

I, freely give my consent to the staff, representative and/or agent of Toronto Seniors Housing Corporation and/or Toronto Community Housing to discuss and disclose the following information about me:

- Rent Arrears/Financial Issues related to my tenancy
- Need for alternative housing related to my tenancy
- Condition of my unit
- My tenancy issues
- Health issues affecting my tenancy
- Accessibility issues affecting my tenancy
- Other please specify:

\_\_\_\_\_  
\_\_\_\_\_

With/to the following support agency/agencies/individual:

\_\_\_\_\_

I understand that the information will be disclose to the above mentioned agent/agencies/individuals for the following purpose :

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This consent will be valid for a period of one year from the date of the signature below. I understand that I may withdraw my consent at any time by giving written notice to Toronto Seniors Housing or Toronto Community Housing.

\_\_\_\_\_  
Date:(Month,Day,Year)

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Name of legal Guardian  
if applicable. Printed

\_\_\_\_\_  
Signature of legal Guardian  
if applicable

\_\_\_\_\_  
Name of Witness (Printed )

\_\_\_\_\_  
Signature of Witness

**I understand that I may withdraw my consent at any time**

Distribution: Original to tenant file/tenant/guardian. Copy to agency/agencies/individuals

PRIVACY NOTICE: The personal information requested on this form is collected under the authority of the Housing Services Act 2006 and s.28(2) of the Municipal Freedom of Information and Protection of Privacy Act. This information will be used and disclosed for the purpose of connecting you with Services to maintain your residency. If you have any questions about the collection or disclosure of this information, please contact the Information Specialist at Toronto Seniors Housing by mail or at 437-290-7813