RESIDENT CONSENT TO DISCLOSE INFORMATION

Toronto Seniors Housing Corporation



423 Yonge Street, 2nd Floor Toronto, ON M5B 1T2

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: Toronto Community Housing Accessibility Coordinators

year from the date of the signature by consent at any time by giving Toronto Community Housing.
Signature of Tenant
Signature of legal Guardian if applicable
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 at 423 Yonge Street, second floor, Toronto, ON, M5B 1T2 or by telephone at 647-458-7870.