



104-550 Goldstream Avenue
Victoria, BC V9B 2W7

Phone: 250.590.0204
Fax: 250.590.0248

AUTHORIZATION TO SHARE INFORMATION

Date: _____
To: **M'akola Housing Society**

From: _____
Applicant/Tenant Name(s)

Re: _____
Address of rental unit

I, or we, the applicant/tenant(s) at the above address, authorize M'akola Housing Society to share information and discuss application/tenancy related issues with the person(s) named below, in order to provide assistance regarding my(our) application/tenancy.

I or we authorize M'akola Housing Society to share with:

Contact Name **Organization (if applicable)**

Contact Address

Relationship to Applicant/Tenant(s)

such information and documentation as is necessary to facilitate that assistance. They can be reached:

at _____ or _____
Phone **Email**

Print Name **Signature of Applicant/Tenant** **Date Signed**

Print Name **Signature of Applicant/Tenant** **Date Signed**