

Consent to Collect Information

In accordance with section 34(k)(i)(ii) and 40(d) of the Freedom of Information and protection of Privacy Act, I _____ of _____ give AgeCare / Hestia Group permission to collect information required to obtain rental accommodations.

This release of information is in effect for a one (1) year period from **(date release is signed)**

_____ to _____.

Landlords Name: _____

Landlord's Phone Number: _____

I have read and understood the above consent

Signature of Applicant

Date Signed

Signature of Witness

