

Phone: 250.590.0204 Fax: 250.590.0248

AUTHORIZATION TO SHARE INFORMATION

Print N	ame	and	Signature	of Applicant/Tenant	Date Signed	
Print N	ame	and	Signature	of Applicant/Tenant	Date Signed	
at		(phone) or _		(email)	
such in	formation a	nd documentat	ion as is necessa	ry to facilitate that assist	ance. They can be reached:	
Contac	t Name			Relationship to Applicant/Tenant(s)		
l, or we	e, authorize	M'akola Housin	g Society to shar	e with:		
		• •	ur) application/to	·	(e) namea below, in order a	
				ess, authorize M'akola Ho	ousing Society to share (s) named below, in order to	
Re:	Address of	rental unit				
Dou						
From:	Applicant/	Tenant Name(s)			
То:	м акога н	ousing Society				