NOVA SCOTIA

Housing Support Confirmation & Consent to Communicate Agreement

This form confirms the agreement between you (the renter) and the housing organization that is supporting you. It also lets you give that organization permission to speak to Rent Supplement on your behalf about your benefits, if you choose to do so.

Tenant Information (Person Receiving the Rent Subsidy)			
Tenant Name:			
Phone Number:			
Housing Support Organization			
Organization Name:			
Authorized Contact Name:			
Contact Phone Number (required):		Contact Email (required):	
Rental Unit Information			
Rental Unit Address		**Tenancy Start Date**	

Section1: Housing Support Confirmation

Tenant Agreement (Person Receiving the Rent Subsidy)

I agree to the following as part of getting help with my rent from the housing support organization:

- Let my support worker visit my home.
- Let my support worker know if I have any problems as a tenant.
- Have regular check-ins with my support worker to ensure I am accessing the support I need.

Housing Support Organization

The organization agrees to support the tenant by:

- Visiting the tenant in their home at a time that is most appropriate for the situation and the tenant.
- Being available to help with support, advocacy, and solving any problems that come up.
- Checking in with the tenant regularly to ensure they are receiving the support they need.

By signing this agreement, we understand:

- A housing subsidy will be paid to the landlord or the tenant.
- The tenant must continue to qualify for the subsidy annually.

- The tenant must live at the approved address (the subsidy cannot be transferred to another place unless it is a portable rent supplement).
- The tenant must follow the terms of this agreement.

Tenant Signature	**Housing Supporting Organization Signature**
Date_____	**Date**_____

Section 2: Consent to Communicate Agreement - Optional

By filling out this section, you give Rent Supplement permission to share your personal information with the housing organization that supports you. This is your choice.

This section is optional. This means you do not have to provide consent for Rent Supplement to speak with the housing organization identified if you prefer that we speak directly to you. We are not allowed to share your personal information with anyone unless you give us written permission, or the law allows it.

If you already have a legal representative (like someone with Power of Attorney or a Trustee), Rent Supplement will only talk to that person instead.

Please review the following statement and sign at the space provided below.

I give permission for the Rent Supplement Program to share and receive personal information about me with the authorized contact person named on page one. This includes information about my rent supplement benefits and any changes to my address.

If you give your signed consent, the person you choose can:

- Talk to Rent Supplement about your benefit amount
- Report or ask about changes to your address (but **not** your payment address or bank account)
- Ask for or receive your tax slips
- Share or receive information about your income, where you live, Canada Pension Plan/Old Age Security contributions, and other benefits you get

This consent does NOT allow the person to:

- Apply for benefits for you
- Change the address where your cheque is mailed
- Change the bank account where your payment is deposited
- Cancel or withdraw your benefits
- Make official requests on your behalf

I understand:

- This consent is valid for one year, unless I cancel it in writing.
- This consent will automatically end if I pass away.

Your Signature	**Date (YYYY-MM-DD)**