



GUARANTOR

First Name: _____ Last Name: _____

Name of Applicant: _____

Relationship to Applicant: _____

Address: _____ Phone No. (_____) _____

Date of Birth: _____ Social Insurance No. _____
 dd mm yyyy

Name of Employer: _____

Length of Time Employed: _____

Own Your Own House: YES / NO

PERSONAL INFORMATION CONSENT FORM

I have provided Briar Rose Co-operative Homes with personal information. I consent to the Co-op using it for the purposes stated and sharing it with the organizations specified.

The Co-op will use the information as follows:

- To contact me about this form and/or the applicant's application for membership
- To perform an credit check
- To meet the requirements of the Co-op's By-Laws, occupancy agreements or any legally binding contracts

The Co-op will share the information with the following organizations when necessary:

- Credit Bureau

I understand that the Co-op will destroy personal information that it no longer needs.

I have read and received a copy of this statement.

Print

Signature

Date