



Civida.ca

E: help@civida.ca

P: 780-420-6161

F: 780-426-6854

10232 112 Street NW

Authorization to Communicate by Email

Please complete this form if you are a tenant or rent assistance recipient. This form authorizes Civida to communicate with you and the people you list on this form through email.

If you would like to authorize other people who are not a part of your household or organizations to access your file with Civida, please complete a Consent to Release form available on our website at www.civida.ca.

If you do not wish to communicate through email, please do **not** complete this form. Please note that this may increase processing times for you and your household.

Please submit this completed form to Civida by:

- email at help@civida.ca
- fax at (780)-426-6854;
- mail or in our secure drop box at our office 10232 112 Street NW T5K 1M4.

SECTION ONE – PERSONAL INFORMATION

Please complete this section for the primary tenant or rent supplement recipient. Provide information as it appears on government issued identification. Provide the email address for the primary tenant or rent supplement recipient.

First Name(s) (current legal name)		Last Name (current legal name)		Preferred Name (if different)	
Unit Number	Street Address		City	Province	Postal Code
Email Address			Tenant Code		



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SECTION TWO – AUTHORIZATION

I authorize Civida to communicate with me by email any correspondence, requests for information, or any other documents as necessary under the *Residential Tenancies Act* and/or the *Alberta Housing Act*.

I understand that this authorization remains in effect unless cancelled in writing. I understand that I may cancel this authorization in writing at any time.

Capital Region Housing will make all efforts to encrypt emails containing personal information. However, I understand:

- Email is not a secure form of communication; and,
- Interception by a third party is possible; and,
- the confidentiality of any email message cannot be ensured.

This form must be signed by the primary tenant or rent supplement recipient.

Print Name	Signature	Date (DD/MM/YYYY)



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SECTION THREE – ADDITIONAL EMAIL RECIPIENTS

Please complete this section if you would like to authorize additional people to receive email communications from Civida related to your tenancy or rent assistance. These people must be a part of your household.

First Name(s) (current legal name)	Last Name (current legal name)	Preferred Name (if different)
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Relationship to Primary Tenant/Rent Assistance Recipient	Email Address
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First Name(s) (current legal name)	Last Name (current legal name)	Preferred Name (if different)
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Relationship to Primary Tenant/Rent Assistant Recipient	Email Address
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First Name(s) (current legal name)	Last Name (current legal name)	Preferred Name (if different)
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Relationship to Primary Tenant/Rent Assistant Recipient	Email Address
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Each additional email recipient must sign this form.

Print Name	Signature	Date (DD/MM/YYYY)

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the customer(s)'s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. Limited information may also be used by Civida and/or provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPcoordinator@civida.ca