Société d'habitation Québec

AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION

(To be completed by the organization)	
Organization's name : **(very important)**	Office Régional d'Habitation Vaudreuil-Soulanges fax: 450-218-6996
Beneficiary's name (tenant) :	.....
File number:	.....
Household address:	.....

(To be completed by the Local Employment Centre)

The above beneficiary is currently receiving benefits from the Employment Assistance Program and/or is a user of Emploi-Québec's services. His/her situation is as follows:

Number of adult(s) in the file: ☐ Number of dependent children: ☐

Allowance paid: (if any)

☐	Severe restriction	(CSE)
☐	Temporary restriction	(CTE)
☐	Employment assistance allowance	(AAE)
☐	No restriction	(SAN)

Household's situation:

☐	1 temporary restriction and 1 severe restriction	(CTE + CSE)
☐	2 temporary restrictions	(CTE)
☐	2 severe restrictions	(CSE)
☐	1 temporary restriction and 2 no restriction	(CTE + SAN)

I hereby authorize the Ministère de la Solidarité sociale to send this information to the above organization, which is an agent for the Société d'habitation du Québec. This information is needed to calculate the rent of tenants living in low-rental housing.

Beneficiary (user) _____ Authorized person _____

Beneficiary (user) _____ Date _____

IMPORTANT: To be valid, this form must bear the stamp of the Local Employment Centre.