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 Sherwood Park, AB T8H 2C4
Phone: 780.400.3500
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LANDLORD REFERENCE CHECK

- **Heartland Housing Foundation may contact your current/previous landlords that you provide to ask questions related to your tenancies.**

Please submit this form to us via mail, fax, in person at our office, or by email.

SECTION ONE – PERSONAL INFORMATION		
Please provide current contact information (legal names) for the applicant or tenant.		
First Name(s)	Last Name	Preferred Name (if different)
Date of Birth (DD/MM/YYYY)	Applicant/Tenant Code	
SECTION TWO – AUTHORIZATION LETTER		
<p>This is to identify that I, _____, in accordance with section 40 (1)(d) of the Freedom of Information and Protection of Privacy Act, hereby authorize my landlord(s) to answer questions requests by staff at Heartland Housing Foundation conducting this reference check for the purpose of;</p> <ul style="list-style-type: none"> • Determining my (and my household's) eligibility for near market housing • Administering the program in which I (and my household) am/are participating in, <p>Heartland Housing Foundation may ask any landlord you list the following questions:</p> <ol style="list-style-type: none"> 1. <i>Can you confirm that the applicant rented from you? Please list the start and end dates of their tenancy.</i> 2. <i>Did the applicant pay their rent on time?</i> 3. <i>Did the applicant reasonably take care of the rental property?</i> 4. <i>Was the unit clean and in good order when the applicant left?</i> 5. <i>Was the applicant disruptive to other tenants or neighbors?</i> 6. <i>Did anyone else live with the applicant?</i> 7. <i>Would you rent to this tenant again? If no, why?</i> 		
Landlord Name:	Phone #:	Email:
Tenancy Start Date:	Tenancy End Date:	
Landlord Name:	Phone #:	Email:
Tenancy Start Date:	Tenancy End Date:	

SECTION THREE – AUTHORIZATION SIGNATURE

I understand that I may cancel this consent at any time with verbal or written notice.

Applicant/Tenant Name	Applicant/Tenant Signature	Date (DD/MM/YYYY)
Witness Name	Witness 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 tenant(s) stay, and for the participation in any programs will be used to provide services and ensure a safe and secure environment of all our tenants. 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 Heartland Housing Foundation for the purpose of developing programs or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have questions, please contact our FOIP Coordinator at 780-400-3500 or at info@heartlandhousing.ca