

PERSONAL INFORMATION PROTECTION STATEMENT

All applicants are to sign and submit this at the same time as their application form

I agree that The Cariboo Heights Housing Co-operative may keep the following information about me:

1. Eligibility information to qualify for the supplementary Home Owner Grant.
2. Co-op census information, including a record of all residents in each unit for security.
3. Credit check report

I agree that this personal information may be made available to people in the following positions.

1. Co-op auditor
2. Municipal employees dealing with the Home Owner Grant (for grant application)
3. Co-op lawyer
4. Co-op staff or management
5. Designated staff, or committee members, or directors, or officers who have designated official duties for:
 - application for membership
 - application for the Home Owner Grant
 - collecting signatures for the Home Owner Grant
 - collecting co-op census information
 - landlord and other reference checks
 - maintaining secure filing and storage of personal information (both hard copy and computer)

6. Board of Directors

I understand that The Cariboo Heights Housing Co-operative will use the information to:

1. Contact me about this application.
2. Determine my eligibility for membership in the Co-op.
3. Determine eligibility for supplementary Home Owner Grant.
4. Conduct a landlord check as part of evaluating my application.

I have read and received a copy of this statement.

Signed: _____

Date: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

All applicants and members of the household.