

AUTHORIZATION TO PERFORM CREDIT CHECK

Applicants		Social Insurance	Date of Birth
Full Name:		Number:	MM/DD/YY:
Present		Postal Code	Phone
Address:			
How	rent/Own	Monthly Rent	
Long		\$	

CONSENT: I hereby consent to Richmond Property Group Ltd, collecting, using and disclosing my personal information for purposes of indemnifying me, communicating with me, determining my eligibility for the tenancy, assessing my credit worthiness, processing payments, responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements. In that regard I further consent to Richmond Property Group Ltd obtaining further personal information from my employer, my present and former landlord or property managers and one or more consumer agencies and authorize those persons to provide such information to Richmond Property Group Ltd.

Signature

Date signed