

**AUTHORIZATION TO PERFORM CREDIT CHECK**

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

**CONSENT:** I hereby give consent to Richmond Property Group Ltd. of 201 - 1537 Hillside Ave., Victoria BC, Canada, to collect, use and disclose 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

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Name Printed