## n chfbc

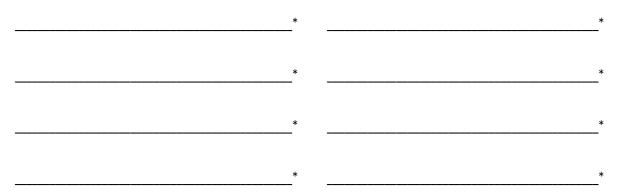
## CHF BC Sample – Personal Information Protection Statement (blank) (remove header when adapting for use)

[Full name of housing co-op or letterhead]

## Personal information protection statement (blank)

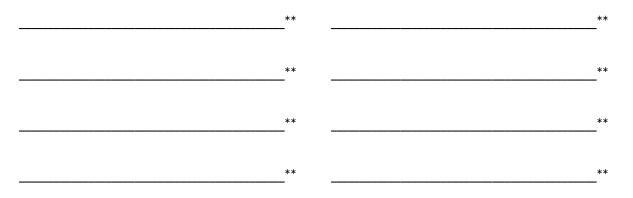
[All applicants are to sign this at the same time as their application form]

I agree that *Model Housing Co-operative* may keep the following information about me:



\* List all the personal information that the co-op has about the applicant, member or tenant.

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



\*\* List the positions of people the co-op will give information to.

Includes positions both inside and outside the co-op. For example, include co-op staff, the co-op's auditor (the auditor will need access to personal records during the co-op's audit), and employees of CMHC, BC Housing, or the municipality (if necessary to comply with subsidy agreements or Home Owner Grant applications). List positions rather than the specific names of people. For example, list the auditor rather than the name of the person doing the audit.

I understand that Model Housing Co-operative will use the information to

- contact me about this application
- determine my eligibility for housing and membership in the Co-op
- decide if I qualify for subsidy/[Security of tenure fund]
- decide on any request for an internal move
- [Add any other purposes as needed]

I understand that the co-op will destroy personal information that it no longer needs:

- one year after a decision was made for credit checks and for any information on inactive applicants
- seven years for financial information on members.

I have read and received a copy of this statement.

Signed:	Date:
Signed:	Date:
Signed:	Date:
Signed:	Date:

[All members of the household 16 years of age and older [based on your co-op Rules regarding age of membership and subsidy requirement this may be higher] must sign this statement.]