



CONSENT FORM

I, _____, give permission to
(Name)

Nipissing District Housing Corporation, to discuss any matters related to my tenancy or potential concerns for my wellbeing with my family member(s):

Name

Phone Number

I confirm that _____ has explained the
(Staff Name)
purpose of this form to me and I understand its content. My signature below indicates my consent.

Signature _____ Date _____

Witness _____ Date _____

Subsidiary of: / Filiale de :

District of Nipissing Social Services Administration Board

Conseil d'administration des services sociaux du District de Nipissing

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