

## Authorization for Information

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### With Respect to an Application under *The Social Allowances Act (Manitoba),*

I, \_\_\_\_\_, the applicant,  
and \_\_\_\_\_ spouse

applicant(s) for assistance under *The Social Allowances Act* (Manitoba), hereby authorize any person, agency or organization, including federal, provincial or municipal government departments, to release to the Minister responsible for *The Social Allowances Act* (Manitoba), or the Minister's representative(s), information required for the purpose of determining or verifying eligibility for income assistance under *The Social Allowances Act* (Manitoba). Without restricting the generality of the foregoing, I/we understand the authorization may include requests for information pertaining to my/our marital status, employment, income, assets and resources, medical or family conditions, and benefits received under other programs.

I/we hereby acknowledge that a photocopy of this authorization shall be sufficient to allow for the release of the specific information requested.

DATED at \_\_\_\_\_ (Manitoba), this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
District Office

\_\_\_\_\_  
Signature of Spouse (if applicable)