



## **Employment and Income Assistance – Consent to Disclosure of Information:**

I, \_\_\_\_\_ authorize Employment and Income Assistance to release to the Residential Tenancies Branch information confirming my enrolment on Employment and Income Assistance.

The information will be used to verify my eligibility for a waiver of the Residential Tenancies Branch's filing fee for:

- filing a claim for compensation; or
- the approval of substitutional service of a claim for compensation.

This authorization is valid for six months from the date of authorization.

A photocopy of this signed Consent to Disclosure is sufficient to allow the exchange of the information stated.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_  
Client Services Officer's signature

**CSO – please email to:**  
provservice@gov.mb.ca

