

Authorization for Information

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)