



St. Albert HomeShare Program

INFORMED CONSENT FOR DISCLOSURE OF RECORDS AND INFORMATION

This is a binding legal agreement. Clarify any questions or concerns before signing. As an Applicant to the St. Albert HomeShare Program (the “Program”), the undersigned acknowledges and agrees to the terms outlined in the document.

1. I understand that St. Albert Community Village (SACV) and the Program obtain information from all HomeShare Participants including Guests and Hosts (collectively the “Participants”), and expects all information is true and accurate. I understand and acknowledge that SACV is not responsible for ensuring the accuracy of the information.
2. I understand that information obtained about personal preferences regarding another individual for shared housing is confidential and is not used to advertise for potential HomeShare participants. SACV provides referrals of potential HomeShare arrangements based on the information provided by the Participants. I consent and acknowledge that it is solely the responsibility of the Participants to perform their own due diligence and decide whether or not to enter into a HomeShare Agreement.
3. I consent to providing SACV with a Criminal Record Check and Vulnerable Sector Check in order to participate in the Program. I acknowledge and agree that the information contained in these record checks will be disclosed by SACV to potential HomeShare matches for consideration in their personal decision to share a home.
4. SACV does not conduct a credit check on Participants in the Program, nor does the Program have any income qualifications or restrictions for participation. It is solely the responsibility of the Participants to perform their own due diligence regarding verification of income/ability to pay if that is required under the contemplated Homeshare Agreement.
5. I consent to SACV contacting the references listed in my Application.
6. I hereby declare that all information included in my Application is correct and truthful to the best of my knowledge.



7. I hereby authorize SACV to share my profile and demographic information as provided in my application with other Applicants in the Program as permitted by law. I further acknowledge and agree that SACV will disclose my contact information to potential matches upon my consent for so long as I am a Participant in the program.

8. I understand that this authorization may be withdrawn at any time by written notification except to the extent that action has already been taken, and that this authorization will otherwise automatically expire with the termination of my participation in the Program.

Acknowledgment:

I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators or personal representatives.

Name of Participant (Print)

Name of Witness (Print)

Signature of Participant

Signature of Witness

Date signed (Participant)

Date signed (Witness)