



Capital Region Housing Corporation

10232 - 112 STREET NW
EDMONTON, ALBERTA, T5K 1M4

Phone (780) 420-6161

Fax (780) 426-6854

TO: **ALBERTA HUMAN SERVICES**

RE:

NAME

SOCIAL INSURANCE NUMBER

ADDRESS

LEASE IDENTIFICATION NUMBER

TELEPHONE NUMBER

Dear Sir/Madam:

Management Bodies are required under the *Alberta Housing Act* to verify income for clients (including applicants, tenants and subsidy recipients) for the purpose of establishing eligibility and determining the basic rent. Information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of personal information may be directed to an Application, Community Housing, Affordable Housing or Subsidy Clerk III at the address and telephone number listed above.

The client has indicated that he/she is presently receiving financial assistance from your agency. Your assistance is requested in completing the information section of this form and returning it to our office. The client has authorized the release of this information as indicated below.

CAPITAL REGION HOUSING CORPORATION

I, _____, the undersigned hereby authorize your agency to release any information requested by the Capital Region Housing Corporation. I give permission for you to send this completed form directly to Capital Region Housing Corporation.

SIGNATURE

DATE

NOTE TO SOCIAL WORKER: PLEASE COMPLETE NAMES OF ALL FAMILY MEMBERS IN FULL:

FAMILY NAME

CURRENT ADDRESS

FILE NUMBER

NAMES OF ALL FAMILY MEMBERS ON BUDGET:		Gross Monthly Amount	Start Date	End Date (If applicable)
1. _____	Alberta Works Income Support	_____	_____	_____
2. _____	Semi-Independent Living Program	_____	_____	_____
3. _____	Child and Youth Support Program	_____	_____	_____
4. _____	Alberta Widows Pension	_____	_____	_____
5. _____	Adult Health Benefit	_____	_____	_____
6. _____	Source of any other income	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

COMMENTS: _____

OFFICE ADDRESS

TELEPHONE NUMBER

FAX NUMBER

SOCIAL WORKER'S SIGNATURE

SOCIAL WORKER'S NAME (Please print)

DATE COMPLETED

PLEASE HAVE THIS FORM SIGNED BY AN OFFICIAL OF THIS AGENCY OR COMPANY