



Phone (780) 420-6161
Fax (780) 426-6854

DATE: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

RE: _____
NAME

ADDRESS

TELEPHONE NUMBER

SOCIAL INSURANCE NUMBER

LEASE IDENTIFICATION NUMBER

Dear Sir/Madam:

Management Bodies are required under the *Alberta Housing Act* to verify income for both applicants and present tenants 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 a Lease Administration Clerk III at the address and telephone number listed above.

The applicant/tenant has indicated that he/she is presently or has been in your employ. Your assistance is requested in completing the information section of this form and returning it to our office.

The applicant/tenant 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.

SIGNATURE

DATE

EMPLOYMENT INFORMATION (TO BE COMPLETED BY EMPLOYER)

POSITION HELD: _____ EMPLOYEE NUMBER _____

DATES OF EMPLOYMENT: From _____ to _____

TERMINATION DATE (if applicable): _____

INCOME

- (a) Current or Last Base Pay Rate \$ _____ per _____ Effective Date _____
- (b) How is employee paid? Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____
- (c) Number of hours currently worked per week: Straight time: _____
- (d) Number of hours currently worked per week: Overtime: _____
- (e) Rate of Holiday Pay _____ % Paid at vacation time []
- Paid as lump sum at year end [] Paid with each cheque []
- Other [] Please explain _____

ADDITIONAL INFORMATION

- (a) Average tips per week: _____
- (b) Bonuses or Incentive pay: _____ per Week, Month, Year
- (c) Commissions: _____ per Week, Month, Year

COMMENTS: _____

DATE COMPLETED

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TELEPHONE NUMBER

NAME (PLEASE PRINT)

POSITION HELD

FAX NUMBER

NAME OF COMPANY

PLEASE HAVE THIS FORM SIGNED BY A DULY AUTHORIZED OFFICER.