



SELF EMPLOYED INFORMATION SHEET

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 your Lease Administration Clerk III at the address and telephone number listed above.

Tenants are charged rent on the basis of 30% of their gross income but we allow self employed individuals a number of business expenses. It is for that reason you are being requested to complete the attached information sheet and to provide detailed information concerning your business operation. Without this information, we cannot satisfactorily evaluate your circumstances. Once all requested information is received your application/rent calculation will be reviewed.

NAME _____

APPLICATION/LEASE I.D. NUMBER _____ Telephone# _____

ADDRESS _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

START UP DATE _____ BUSINESS YEAR END DATE _____

TYPE OF BUSINESS _____

DETAILS OF BUSINESS REGISTRATION (Answer Yes or No)

IS THIS A PROPRIETORSHIP? _____ IF YES, ATTACH AN ASSESSED COPY OF YOUR PERSONAL TAX RETURN FOR THE MOST RECENT YEAR ENDED.

IS THIS A PARTNERSHIP? _____ IF YES, ATTACH AN ASSESSED COPY OF YOUR PERSONAL TAX RETURN FOR THE MOST RECENT YEAR ENDED AND A COPY OF THE PARTNERSHIP AGREEMENT.



IS THIS A CORPORATION OR _____
LIMITED COMPANY?

IF YES, ATTACH AN ASSESSED COPY OF YOUR
PERSONAL TAX RETURN FOR THE MOST RECENT
YEAR ENDED, COPIES OF SHARE DISTRIBUTION
CERTIFICATES AND AN ASSESSED COPY OF YOUR
CORPORATE TAX RETURN WHEN AVAILABLE.

PLEASE PROVIDE A COPY OF YOUR BUSINESS LICENCE AND YOUR BUSINESS FINANCIAL
STATEMENT (THIS MUST CONSIST OF AT LEAST A BALANCE SHEET AND A STATEMENT OF
REVENUE AND EXPENDITURE) WHEN AVAILABLE.

I declare the information contained in this application to be true, correct and complete.

I authorize Capital Region Housing Corporation to analyze the Financial Statements and
supporting documents and make inquiries wherever it is deemed necessary to verify the facts.

I release and save harmless the persons and organizations from any and all claims, actions,
demands, damages and expenses in connection with or arising out of such release of information to
the Capital Region Housing Corporation.

APPLICANT/TENANT SIGNATURE

DATE

APPLICANT/TENANT SIGNATURE

DATE