Capital Region Housing Corporation

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

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

TO: **ALBERTA SENIORS & COMMUNITY SUPPORTS**

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 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 Community Housing Services Clerk III at the address and telephone number listed above.

The applicant/tenant 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 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. I give permission for you to send this completed form directly to Capital Region Housing Corporation.

_____ SIGNATURE

_____ DATE

_____ FAMILY NAME

_____ CURRENT ADDRESS

_____ FILE NUMBER

NAMES OF ALL FAMILY MEMBERS ON BUDGET:	*Note to AISH Benefits Worker: Please complete the monetary section for the most recent month paid or attach a "Client File Budget Update" printout for that month.* ***Please include the net cheque amount.***	
1. _____	AISH Allow	$_____
2._____	Child Supl	$_____
3. _____	Employ Exp/AISH Inc Ex	$_____
4. _____	Emp. Earn (gross)	$_____
5. _____	EI (gross)	$_____
Start Date:_____	CPP – Disability (gross)	$_____
End Date:_____	Invest Inc (gross)	$_____
	Recovery HH	$_____
	Adult Health Benefit	$_____
	Other (gross)	$_____

Net Cheque Amount $_____	Source of any other income_____	$_____ (Gross Monthly Amount)

COMMENTS: _____

_____

_____ OFFICE ADDRESS

_____ TELEPHONE NUMBER

_____ FAX NUMBER

_____ AISH BENEFITS WORKER'S NAME (Please print)

_____ DATE COMPLETED

_____ AISH BENEFITS WORKER'S SIGNATURE

PLEASE HAVE THIS FORM SIGNED BY A DULY AUTHORIZED OFFICER