



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

DATE: _____

TO: **ALBERTA SENIOR'S BENEFIT**
Edmonton Seniors Service Centre
Main Floor, Standard Life Centre
10405 Jasper Avenue T5J 3N4
Mailing Address: Box 3100
Edmonton, Alberta
T5J 4W3

Fax: 422-5954

RE: _____
NAME

ADDRESS

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

The applicant/tenant has indicated that he/she is presently receiving a pension. 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, authorize your agency to release any information requested by Capital Region Housing Corporation. I give permission for you to send this completed form directly to Capital Region Housing Corporation

SIGNATURE

DATE

Gross Monthly Amount of Alberta Senior's Benefits: _____

Effective Date: _____

DATE COMPLETED

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME (PLEASE PRINT)

TELEPHONE NUMBER

POSITION HELD

**PLEASE HAVE THIS FORM SIGNED BY A
DULY AUTHORIZED OFFICER**