



Capital Region Housing Corporation

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

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

DATE:

TO: TRAINING GRANT OR ALLOWANCE SPONSOR

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 Lease Administration 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.

SIGNATURE DATE

1. Sponsored by: _____
2. Amount of Training Grant (weekly): _____
3. Period of Grant From: _____ To: _____
4. Comments: _____

REPRESENTATIVE TELEPHONE NUMBER

NAME (PLEASE PRINT) DATE

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