Capital Region Housing Corporation

TO: **INCOME SECURITY** Fax: 495-2263
         P.O. Box 2710, Main Station
         Edmonton, Alberta   T5J 2G4

To have this form completed or to book an appointment, please call 1–800–277–9914 (English) or 1–800–277–9915 (French)

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 clients (including applicants, tenants and subsidy recipient) 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 an Applications, Community Housing, Affordable Housing or Subsidy Clerk III at the address and telephone number listed above.

The client 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 client 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

Canada Pension Plan

Retirement Benefits $_____

Disability Benefits $_____

Disability Child Benefits $_____

Survivors Benefits $_____

Orphans Benefits $_____

Effective _____
_____

Benefits Effective _____
_____

Old Age Security

Basic Old Age Security $_____

Guaranteed Income Supplement $_____

Spouses Allowance $_____

Widowed Spouses/Allowance $_____

Effective _____
_____

Benefits Effective _____
_____

_____
SIGNATURE OF AUTHORIZED REPRESENTATIVE

_____
POSITION HELD

_____
NAME (PLEASE PRINT)

_____
NAME OF COMPANY

_____
DATE COMPLETED

_____   _____
TELEPHONE NUMBER   FAX NUMBER

PLEASE HAVE THIS FORM SIGNED BY AN OFFICIAL OF THIS AGENCY OR COMPANY