



Civida.ca

E: help@civida.ca

P: 780-420-6161

F: 780-426-6854

10232 112 Street NW
Edmonton, AB T5K 1M4

Workers' Compensation Board Income Form

- Complete this form if you **do not** have a copy of your notice from the Workers' Compensation Board to confirm payment amounts for income calculations.
- Please have this form signed by a duly authorized officer at the Workers' Compensation Board, 9912 - 107 Street NW, Edmonton, Alberta, T5K 0G5.

Please submit this completed form to Civida via mail, fax, in person at our office or by email to help@civida.ca.

SECTION ONE – TENANT PERSONAL INFORMATION

Date (DD/MM/YYYY)	Applicant/ Tenant Code
First Name(s) (current legal name)	Last Name (current legal name)
Address	Telephone Number

Management Bodies are required under the *Alberta Housing Act* to verify income for both applicants and 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 the FOIP Coordinator at 780-420-6161.

The applicant/ tenant has indicated that they are receiving worker's compensation benefits. 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.

I, _____, the undersigned hereby authorize your agency to release any information requested by Civida. I give permission for you to send this completed form directly to Civida.

Signature	Date (DD/MM/YYYY)
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SECTION TWO – BENEFITS INFORMATION

Date claim benefits commenced or are to commence (DD/MM/YYYY)

Weekly benefit amount	Applicant is eligible for benefits until
Comments (if applicable)	

SECTION THREE – AUTHORIZATION

WCB Representative Name and Position	WCB Representative Signature
Telephone Number	Date (DD/MM/YYYY)

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the customer(s)'s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. Limited information may also be used by Civida and/or provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPcoordinator@civida.ca