



Civida.ca

E: help@civida.ca

P: 780-420-6161

F: 780-426-6854

10232 112 Street NW

Employment Income Form

- You should fill out this form if you do not have a copy of your paystubs.
- This form will confirm your employment income amounts to be used for income calculations.
- You will need your employer to fill out page 2 and 3 of this form.
- Please submit this form to Civida in one of the following ways:
 - Email to help@civida.ca
 - Mail to or drop off in person at 10232 112 Street, Edmonton, AB T5K 1M4
 - Fax to (780) 426-6854

SECTION ONE – PERSONAL INFORMATION

Please provide current contact information for the [primary tenant/rent supplement recipient/applicant, etc].

First Name(s) (current legal name)		Last Name (current legal name)		Preferred Name (if different)	
Unit Number	Street Address	City	Province	Postal Code	
Home Phone Number			Mobile Phone Number		
Email Address			Tenant Code		

EMPLOYMENT INFORMATION

Please provide information regarding your employer and employment information.

Name of Employer	
Address of Employer	Telephone Number

CUSTOMER AUTHORIZATION

I understand that by signing this:

- my employer can give information about my earnings to Civida,
- I am allowing my employment income to be shared between my employer and Civida,
- my income information is needed to determine my eligibility for housing.

Customer Signature	Date
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Please have your employer fill out the next two pages.



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Dear Employer:

Your assistance is requested in completing the information section of this form and returning it to our office. Our customer has indicated that they are presently or have been in your employment. Management Bodies like Civida are required under the *Alberta Housing Act* to verify income for customers (including applicants, tenants, and subsidy recipients) for the purpose of establishing and determining the basic rent.

Questions regarding the collection of personal information may be directed to help@civida.ca or by calling 780-420-6161. The customer has authorized the release of this information as indicated below. Information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act* (FOIP).

Thank you for your assistance in this process.

EMPLOYMENT INFORMATION

This section is to be completed by the employer

Position of employee Employee Number

Dates of employment From To

Termination Date (if applicable)

Current of last base pay rate Per Effective

How is the employee paid Weekly Bi-weekly Semi-monthly Monthly

Number of hours worked per week (straight time)

Number of hours worked per week (overtime)

Rate of Holiday Pay

Paid: At vacation time As a lump sum at year end With each cheque

Other (please explain):



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Additional Information

Average Tips/per week

Bonuses or incentive pay

Received per week per month per year

Commissions

Received per week per month per year

Comments

Employer Name	Position	Signature
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Contact Information

Address	City	Province	Postal Code
Phone	Email	Fax	

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