



Civida.ca
E: help@civida.ca
P: 780-420-6161
F: 780-426-6854
10232 112 Street NW
Edmonton, AB T5K 1M4

Canada Pension Plan Authorization Form

Complete this form if:

- If you receive income from Canada Pension Plan (including survivor, children or disability benefits), Guaranteed Income Supplement payments, or Old Age Security payments, please submit a copy of your payments from your [My Service Canada account](#), or complete this form.
- This form authorizes Service Canada to release information to Civida regarding your Canada Pension Plan, Guaranteed Income Supplement, or Old Age Security payments.
- If you have any questions, please contact Civida.

You can mail this form to:

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
Fax: 780-495-2263

You can also 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

If you submit this form to us, we will send it to Service Canada on your behalf.

SECTION ONE – TENANT, SUBSIDY RECIPIENT OR APPLICANT INFORMATION

Please provide current contact information for the primary tenant, subsidy recipient or applicant.

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



SECTION TWO – AUTHORIZATION

I authorize Service Canada to release information to Civida regarding my Canada Pension Plan, Guaranteed Income Supplement, and/or my Old Age Security payment(s). This information will be relevant to and used solely for the purposes of determining and verifying my eligibility for benefits and/or for administering the program in which I am participating in under the *Alberta Housing Act*. Initial _____

I authorize Service Canada to send this completed form directly to Civida. Initial _____

Print Name	Signature	Date (DD/MM/YYYY)

SECTION THREE – INCOME INFORMATION

Please have this section completed by a staff person at Service Canada.

Gross Monthly Amount of Canada Pension Plan payments

Effective Date (DD/MM/YYYY)

Gross Monthly Amount of Guaranteed Income Supplement payments

Effective Date (DD/MM/YYYY)

Gross Monthly Amount of Old Age Security payments

Effective Date (DD/MM/YYYY)

Name of staff member completing form

Position

Date (DD/MM/YYYY)

Signature

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 and for participation in any programs or receiving any housing-related services 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.