



Civida.ca

E: help@civida.ca

P: 780-420-6161

F: 780-426-6854

10232 112 Street NW

Alberta Seniors Benefit Authorization Form

Please complete this form if you receive the Alberta Seniors Benefit.

- This form authorizes Alberta Seniors and Housing, Seniors Financial Assistance to release information to Capital Region Housing.
- Please review all page before submitting this form.
- If you complete this form by hand and need additional pages, please attach them to the back of each corresponding page.
- If you have any questions, please contact Civida.
- You can submit this form one of two ways:
 - to **Alberta Seniors and Housing, Seniors Financial Assistance** by mail to PO Box 3100 Edmonton, AB T5J 4W3 or by fax to (780)422-5954, OR
 - 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 receive proof of payment you may submit that instead.

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)	
Unit Number	Street Address	City	Province	Postal Code	
Home Phone Number			Mobile Phone Number		
Email Address			Tenant Code		



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SECTION TWO – AUTHORIZATION

I authorize Alberta Seniors and Housing, Seniors Financial Assistance, to:

- release information to Capital Region Housing regarding my Alberta Seniors Benefit payment.
- Send this completed form directly to Civida.

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.

Print Name	Signature	Date (DD/MM/YYYY)

SECTION THREE – ALBERTA SENIORS BENEFIT PAYMENT

Please have this section completed by a staff person at Alberta Seniors and Housing, Seniors Financial Assistance.

Gross Monthly Amount of Seniors Benefit:

Effective Date (DD/MM/YYYY):

Name of staff member completing form:

Position:

Date:

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, 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