



Civida.ca

E: help@civida.ca

P: 780-420-6161

F: 780-426-6854

10232 112 Street NW
Edmonton, AB T5K 1M4

TO: Ministry of Human Services

RE: _____
NAME

ADDRESS

TELEPHONE NUMBER

SOCIAL INSURANCE NUMBER

Application / Tenant Code

Dear Sir/Madam:

Management Bodies are required under the *Alberta Housing Act* to verify income for both applicants and present 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 a Lease Administration Clerk III at the address and telephone number listed above.

The applicant/tenant has indicated that he/she is presently receiving financial assistance from your agency. 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 (M/D/Y)

NOTE TO SOCIAL WORKER: PLEASE COMPLETE NAMES OF ALL FAMILY MEMBERS IN FULL

FAMILY NAME

CURRENT ADDRESS

FILE NUMBER:

NAMES OF ALL FAMILY MEMBERS ON BUDGET :		Gross Monthly Amount	Start Date	End Date (If applicable)
1. _____	Alberta Works Income Support	_____	_____	_____
2. _____	Semi-Independent Living Program	_____	_____	_____
3. _____	Child and Youth Support Program	_____	_____	_____
4. _____	Alberta Widows Pension	_____	_____	_____



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5. _____	Adult Health Benefit	_____	_____	_____
6. _____	Source of any other income	_____	_____	_____
7. _____	_____	_____	_____	_____

COMMENTS:

8 _____	_____	_____
OFFICE ADDRESS	TELEPHONE NUMBER	FAX NUMBER
_____	_____	_____
SOCIAL WORKERS NAME	SOCIAL WORKERS SIGNATURE	COMPLETED DATE

PLEASE HAVE THIS FORM SIGNED BY A DULY AUTHORIZED OFFICER