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Landlord Occupancy & Rate Verification

Please complete the applicable information below, date, sign and return to our office.

Tenant Information:

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Co-Signer or Guarantor:

Name: _____ Occupies Unit? Y/N _____

Additional Occupants:

Name: _____ Name: _____

Name: _____ Name: _____

Rental Unit Information:

Unit Address: _____

Occupancy Date: _____ Bedrooms: _____

Rent: \$ _____ Date Effective: _____

Utility: \$ _____

Parking: \$ _____

Other: \$ _____

Landlord or Agent Information:

Name: _____ Phone: _____

Email: _____

Landlord or Agent Signature: _____

If you have any questions, please contact our office at the phone number or email above.

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