



Phone (780) 420-6161  
Fax (780) 426-6854

DATE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

RE: \_\_\_\_\_  
NAME

\_\_\_\_\_ ADDRESS

\_\_\_\_\_ TELEPHONE NUMBER

\_\_\_\_\_ SOCIAL INSURANCE NUMBER

\_\_\_\_\_ LEASE IDENTIFICATION NUMBER

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 or has been in your employ. 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.

CAPITAL REGION HOUSING CORPORATION

I, \_\_\_\_\_, the undersigned hereby authorize your agency to release any information requested by the Capital Region Housing Corporation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**EMPLOYMENT INFORMATION (TO BE COMPLETED BY EMPLOYER)**

POSITION HELD: \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_

DATES OF EMPLOYMENT: From \_\_\_\_\_ to \_\_\_\_\_

TERMINATION DATE (if applicable): \_\_\_\_\_

**INCOME**

- (a) Current or Last Base Pay Rate \$ \_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_\_
- (b) How is employee paid? Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_
- (c) Number of hours currently worked per week: Straight time: \_\_\_\_\_
- (d) Number of hours currently worked per week: Overtime: \_\_\_\_\_
- (e) Rate of Holiday Pay \_\_\_\_\_ % Paid at vacation time [ ]
- Paid as lump sum at year end [ ] Paid with each cheque [ ]
- Other [ ] Please explain \_\_\_\_\_

**ADDITIONAL INFORMATION**

- (a) Average tips per week: \_\_\_\_\_
- (b) Bonuses or Incentive pay: \_\_\_\_\_ per Week, Month, Year
- (c) Commissions: \_\_\_\_\_ per Week, Month, Year

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
DATE COMPLETED

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
POSITION HELD

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
NAME OF COMPANY

**PLEASE HAVE THIS FORM SIGNED BY A DULY AUTHORIZED OFFICER.**