



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

DATE: _____

TO: **WORKER'S COMPENSATION BOARD**
9912 - 107 Street NW
Edmonton, Alberta
T5K 0G5

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 receiving Worker's Compensation benefits. 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

1. Date Claim Benefits commenced or are to commence: _____

2. Weekly amount of Benefits: _____

3. Applicant is eligible for Benefits until: _____

4. Comments: _____

W C B REPRESENTATIVE

TELEPHONE NUMBER

NAME (PLEASE PRINT)

DATE

PLEASE HAVE THIS FORM SIGNED BY A
DULY AUTHORIZED OFFICER