



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

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

TO: **ALBERTA SENIOR'S BENEFIT**  
Edmonton Seniors Service Centre  
Main Floor, Standard Life Centre  
10405 Jasper Avenue T5J 3N4  
Mailing Address: Box 3100  
Edmonton, Alberta  
T5J 4W3  
  
Fax: 422-5954

RE: \_\_\_\_\_  
NAME  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
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 Community Housing Services Clerk III at the address and telephone number listed above.

The applicant/tenant has indicated that he/she is presently receiving a pension. 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, authorize your agency to release any information requested by Capital Region Housing Corporation. I give permission for you to send this completed form directly to Capital Region Housing Corporation

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Gross Monthly Amount of Alberta Senior's Benefits: \_\_\_\_\_

Effective Date: \_\_\_\_\_

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

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

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

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

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

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