



# Capital Region Housing Corporation

10232 - 112 STREET NW  
EDMONTON, ALBERTA, T5K 1M4

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

DATE:

TO: TRAINING GRANT OR ALLOWANCE SPONSOR

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 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.

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. Sponsored by: \_\_\_\_\_
2. Amount of Training Grant (weekly): \_\_\_\_\_
3. Period of Grant From: \_\_\_\_\_ To: \_\_\_\_\_
4. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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