



Capital Region Housing Corporation

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



Phone (780) 420-6161

Fax (780) 426-6854

TO:

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 Oil Royalties from your band. 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

OIL ROYALTIES/TREATY BENEFITS

1. When did applicant/tenant start receiving Treaty Benefits? _____

2. Amount of Treaty Benefits disbursed to the entire family per month? _____

Please indicate if the benefits are Social Assistance [] Training Grants [] or other []

4. Comments: _____

REPRESENTATIVE

TELEPHONE NUMBER

OFFICE ADDRESS

DATE

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