Heartland Housing Foundation
914 Bison Way
Sherwood Park, AB T8H 2C4

Phone: 780-400-3600
Fax: 780-467-7018

STATUTORY DECLARATION

Canada
Province of Alberta
To Wit:

IN THE MATTER OF: **ALIMONY and/or CHILD SUPPORT**

I, _____ of _____ in the
(Name) (City/Town)

Province of Alberta, Canada do solemnly declare as follows:

- That I am in receipt $_____ per month in alimony payments, which I have been receiving since _____, and/or
- That I am in receipt of $_____ per month in child support payments, which I have been receiving since _____, and
- That I will notify Heartland Housing Foundation in writing within fifteen (15) days should there be any changes in the above,

AND I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Commissioner for Oaths/Notary Public

DECLARED before me at the_____)
of _____)
In the Province of Alberta, this _____) _____
day of _____ A.D., 20_____) (Signature of Declarant)

_____

A Commissioner for Oaths/Notary Public for the Province of Alberta
(print or stamp name here)

MY APPOINTMENT EXPIRES: _____
(DD/MM/YY)

This personal information is being collected under the authority of the Alberta Housing Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act.*