



Heartland Housing
 Foundation
 914 Bison Way
 Sherwood Park, AB T8H 2C4
 Phone: 780-400-3600
 Fax: 780-467-7018

**Attention: Assured Income for the Severely Handicapped (AISH)
 Alberta Seniors & Community Supports
 Fax: (780) 422-2790**

Regarding: _____

Applicant / Tenant

The Heartland Housing Foundation is required to verify income for both applicants and present tenants in order to establish eligibility and determine the monthly rent. The applicant/tenant has indicated that he/she is presently in receipt of AISH. Your assistance is requested in completing the applicant information section of this form and returning it to our office. The applicant/tenant has authorized the release of this information below.

Date

Signature of
 Heartland Housing Foundation Representative

I, _____, the undersigned hereby authorize Alberta Seniors Community Supports to release any information requested by the Heartland Housing Foundation.	
_____ Signature of Applicant / Tenant	_____ Date

Applicant Information

Effective date of benefits: _____

Present amount of benefits: _____

Start date of present rate: _____

_____ Social Worker Name	_____ Signature	_____ Date
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_____ Office Address	_____ Telephone Number
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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 <i>Freedom of Information and Protection of Privacy Act</i> .
