



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

## Employer Verification Form

Regarding: \_\_\_\_\_  
 Applicant / Tenant

The Heartland Housing Foundation is required to verify income for applicants in order to establish eligibility for housing. The applicant/tenant has indicated that he/she is presently employed by you. 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 my employer to release any information requested by the Heartland Housing Foundation.	
_____ Signature of Applicant / Tenant	_____ Date

### Applicant Information

Employer's Name: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Employee Position Held: \_\_\_\_\_  
 Dates of Employment: from: \_\_\_\_\_ to: \_\_\_\_\_

### Income (Please complete one (1) line in Section A or B and Sections C & D):

A. **Hourly Employee** (employee is paid according to the number of hours worked)  
 1. Paid Weekly Hourly Rate: \$ \_\_\_\_\_ # hrs / week: \_\_\_\_\_  
 2. Paid Bi-Weekly Hourly Rate: \$ \_\_\_\_\_ # hrs / 2 weeks: \_\_\_\_\_  
 3. Paid Monthly Hourly Rate: \$ \_\_\_\_\_ # hrs / month: \_\_\_\_\_

B. **Salaried Employee** (employee is paid the same rate every pay period regardless of hours)  
 1. Paid Weekly Weekly Salary: \$ \_\_\_\_\_  
 2. Paid Bi-Weekly Bi-Weekly Salary: \$ \_\_\_\_\_  
 3. Paid Monthly Monthly Salary: \$ \_\_\_\_\_

C. **Vacation Pay**  On each cheque  Annual Payout  Paid Time Off

D. **Annual Income**  
 Average tips per week: \$ \_\_\_\_\_  
 Bonus or incentive pay receive in the last 12 months: \$ \_\_\_\_\_  
 Commissions received in the last 12 months: \$ \_\_\_\_\_

\_\_\_\_\_ Manager/Authorized Employer  
 Representative's Name  
 \_\_\_\_\_ Signature  
 \_\_\_\_\_ Date

\_\_\_\_\_ Office Address (if different from above) \_\_\_\_\_ Phone Number

**\*\*\* Please include a company stamp to verify that the information provided is valid \*\*\***

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*.