



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

**Attention: Alberta Human Services**

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 Income Support from you. 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 below.

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

**Applicant Information**

Name of family members on the budget:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Effective date of assistance: \_\_\_\_\_

Termination date of assistance: \_\_\_\_\_

Amount of monthly assistance: \$ \_\_\_\_\_ Other income: \$ \_\_\_\_\_

Why does this applicant/tenant require affordable housing?

\_\_\_\_\_

Social Worker Name	Signature	Date
_____	_____	_____

Office Address	Telephone Number
_____	_____

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*.