



914 Bison Way
 Sherwood Park, AB T8H 2C4
Phone: 780.400.3500
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EMPLOYER VERIFICATION FORM

- **You may only need to fill out this form if requested by HHF or if you lack paystub(s).**
- **This form will confirm your employment income for calculating total household income and determining eligibility for the applied unit size in near-market housing and/or rent assistance benefits.**
- **Page 2 of this form should be completed by your employer.**

Please submit this form to us via mail, in person at our office, or by email.

SECTION ONE – PERSONAL INFORMATION		
First Name(s)	Last Name	Preferred Name (if different)
SECTION TWO – EMPLOYMENT INFORMATION		
Please provide information regarding your employer and employment information.		
Employer Name:	Phone #:	
Address of Employer:		
SECTION THREE – AUTHORIZATION SIGNATURE		
I understand that by signing this: <ul style="list-style-type: none"> • My employer can give information about my earnings to Heartland Housing Foundation; and • I am allowing my employment income to be shared between my employer and Heartland Housing Foundation; and • My income information is needed to determine my eligibility for housing; and • I understand that I may cancel this consent at any time with verbal or written notice. 		
Applicant/Tenant Name	Applicant/Tenant Signature	Date (DD/MM/YYYY)
Witness Name	Witness Signature	Date (DD/MM/YYYY)

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the tenant(s) stay, and for the participation in any programs will be used to provide services and ensure a safe and secure environment of all our tenants. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP act. Limited information may also be used by Heartland Housing Foundation for the purpose of developing programs or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have questions, please contact our FOIP Coordinator at 780-400-3500 or at info@heartlandhousing.ca.

Please have your employer fill out the next page.



Dear Employer,

We kindly request your assistance in completing the information section of this form and returning it to our office. The applicant has indicated current or past employment with your organization. As mandated by the Alberta Housing Act, Housing Management Bodies like Heartland Housing Foundation are required to verify income for applicants and tenants to determine eligibility.

The applicant has authorized the release of this information, as indicated below. Please be assured that all information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). For any inquiries regarding the collection of personal information, please contact us at info@heartlandhousing.ca.

Thank you for your assistance in this process.

SECTION ONE - EMPLOYMENT INFORMATION					
This page is to be completed by the employer					
Employee Position Held:					
Termination Date (if applicable)					
Dates of Employment:		From:		To:	
SECTION TWO - INCOME INFORMATION					
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	<input type="checkbox"/>	On each cheque	<input type="checkbox"/>	Annual Payout	<input type="checkbox"/>
					Paid Time Off
D. Additional Income		Average tips per week:			\$
		Bonus or incentive pay received in the last 12 months:			\$
		Commissions received in the last 12 months:			\$
SECTION THREE - EMPLOYER SIGNATURE					
Employer/Supervisor Name		Employer/Supervisor Signature		Date (DD/MM/YYYY)	