



914 Bison Way  
 Sherwood Park, AB T8H 2C4  
**Phone:** 780.400.3500  
**Fax:** 780.467.8091

## SELF EMPLOYED INFORMATION FORM

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

<b>SECTION ONE – PERSONAL INFORMATION</b>		
Please provide current contact information (legal names) for the applicant or tenant.		
First Name(s)	Last Name	Preferred Name (if different)
Date of Birth (DD/MM/YYYY)	<b>Applicant/Tenant Code</b>	
<b>SECTION TWO – BUSINESS INFORMATION</b>		
Please provide current contact information for your business.		
Name of Business	Type of Business	
Start-up Date:	End Date (if applicable):	
<b>SECTION THREE – BUSINESS REGISTRATION</b>		
Please select yes or no from the questions below:	<b>Additional Information</b>	
1. Is this a proprietorship? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes, please attach an assessed copy of your personal tax return for the most recent year.	
2. Is this a partnership? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes, please attach an assessed copy of your personal tax return for the most recent year and a copy of your partnership agreement.	
3. Is this a corporation or limited company? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes, please attach an assessed copy of your personal tax return for the most recent year, copies of share distribution certificates, and an assessed copy of your corporate tax return when available.	
<b>SECTION THREE – AUTHORIZATION</b>		
Please provide a copy of: <ul style="list-style-type: none"> <li>• Your business license,</li> <li>• Your business financial statement, which must include:             <ul style="list-style-type: none"> <li>○ A balance sheet, AND</li> <li>○ Statement of Revenue and Expenditure (when available)</li> </ul> </li> </ul>		
I/We: <ul style="list-style-type: none"> <li>• Declare the information contained in this form to be true, correct, and complete.</li> <li>• Authorize Heartland Housing Foundation to analyze the Financial Statement and supporting documents and make inquiries whenever it is deemed necessary to verify income for housing eligibility.</li> </ul>		

- Release and save harmless the persons and organizations from any and all claims, actions, demands, damages, and expenses in connection with or arising out of such release information to Heartland Housing Foundation.

#### SECTION FOUR – AUTHORIZATION SIGNATURE

I understand that I may cancel this consent at any time with verbal or written notice. **All household members listed as business owners must sign this form.**

Applicant/Tenant Name	Applicant/Tenant Signature	Date (DD/MM/YYYY)
Witness Name	Witness Signature	Date (DD/MM/YYYY)
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](mailto:info@heartlandhousing.ca)