



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 upon HHF request or if you do not have a copy of your paystub(s).**
- **This form will confirm your employment income amounts to be used to calculate your total household income to determine eligibility for the unit size you are applying for near market housing.**
- **Please have your employer fill out page 2 of this 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 – EMPLOYMENT INFORMATION</b>		
Please provide information regarding your employer and employment information.		
Employer Name:		Phone #:
Address of Employer:		
<b>SECTION THREE – AUTHORIZATION SIGNATURE</b>		
I understand that by signing this: <ul style="list-style-type: none"> <li>• My employer can give information about my earnings to Heartland Housing Foundation; and</li> <li>• I am allowing my employment income to be shared between my employer and Heartland Housing Foundation; and</li> <li>• My income information is needed to determine my eligibility for housing; and</li> <li>• I understand that I may cancel this consent at any time with verbal or written notice.</li> </ul>		
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)

**Please have your employer fill out the next page.**



Dear Employer:

Your assistance is requested in completing the information section of this form and returning it to our office. Our applicant has indicated that they are presently or have been in your employment. Housing Management Bodies like Heartland Housing Foundation are required under the Alberta Housing Act to verify income for applicants/tenants for the purpose of establishing eligibility.

Questions regarding the collection of personal information may be directed to [info@heartlandhousing.ca](mailto:info@heartlandhousing.ca) or by calling 780-400-3500. This applicant/tenant has authorized the release of this information as indicated below. Information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP).

Thank you for your assistance in this process.

SECTION ONE - EMPLOYMENT INFORMATION					
<b>This section is to be completed by the employer</b>					
Employee Position Held:					
Termination Date (if applicable)					
Dates of Employment:	<b>From:</b>		<b>To:</b>		
SECTION TWO - INCOME INFORMATION					
<b>Please complete one (1) line in Section A or B and Sections C &amp; D</b>					
A. <b>Hourly Employee</b> (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. <b>Salaried Employee</b> (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. <b>Vacation Pay</b>	On each cheque		Annual Payout		Paid Time Off
D. <b>Additional Income</b>	Average tips per week:			\$	
	Bonus or incentive pay receive in the last 12 months:			\$	
	Commissions received in the last 12 months:			\$	
SECTION THREE - AUTHORIZATION SIGNATURE					
Employer/Supervisor Name	Employer/Supervisor Signature		Date (DD/MM/YYYY)		