914 Bison Way
Sherwood Park, AB T8H 2C4
Phone: 780.400.3500
Email: info@heartlandhousing.ca

EMPLOYER VERIFICATION FORM

- **Fill out this form if requested by HHF or if you lack access to your recent paystub(s).**
- **This form confirms your employment income that will be used to calculate total household income to determine eligibility for housing and/or rent supplement programs.**
- **Page 2 of this form should be completed by your employer.**

Please include this form with your application or forward it to us via mail, in person at our office, or by email.

SECTION ONE – APPLICANT		
First Name(s)	Last Name	Preferred Name (if different)

SECTION TWO – EMPLOYMENT INFORMATION	
Please provide your current or most recent employment information below.	
Employer Name:	Phone #:
Address of Employer:	

SECTION THREE – AUTHORIZATION SIGNATURE		

I understand that by signing this:

- 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/or rent supplement programs; 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 information is being collected in accordance with sections 12(1)(b) and 13(1)(c) of the **Protection of Privacy Act (POPA)** for the purposes of administering Heartland Housing Foundation (HHF) programs, services, and operational activities. It is protected under POPA and may only be used or disclosed as authorized by law. Questions about the collection or use of your personal information can be directed to Heartland Housing Foundation's Privacy Coordinator at 780-400-3500 or by email 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 Protection of Privacy Act (POPA). 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**	☐	On each cheque	☐	Annual Payout	☐	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)