

ANNUAL REVIEW

**RETURN COMPLETED ANNUAL REVIEW
IN PERSON ONLY TO YOUR SITE OFFICE**

TENANT INFORMATION

NAME:		
	<i>LAST NAME</i>	<i>FIRST NAME</i>
NAME OF CO-TENANT/ SPOUSE:		
CURRENT ADDRESS:		<i>APT. #</i>
	<i>City</i>	<i>Postal Code</i>
PHONE:	<i>Home</i>	<i>Business</i>
EMERGENCY CONTACT:	<i>Name</i>	<i>Phone Number</i>
CURRENT MARITAL STATUS: (Check One)	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law	

NAMES OF <u>ALL</u> PERSONS WHO LIVE IN ACCOMMODATION	RELATIONSHIP TO HEAD	AGE	BIRTH DATE M/D/Y	OCCUPATION OR SCHOOL
	Self			

EMPLOYMENT INFORMATION

NOTE: All information regarding your family's income must be complete and accurate. Provide details of employment held in the last twelve (12) months beginning with the present or most recent employer. ***It is a criminal offence to withhold or falsify information, and fraud charges may be laid. Unreported income or assets may lead to prosecution.***

HEAD OF HOUSEHOLD: _____
Last Name
First Name

SOCIAL INSURANCE NUMBER: _____

COMPANY NAME	ADDRESS	EMPLOYED FROM/TO	RATE OF PAY MONTHLY/ HOURLY	HOURS PER WEEK

CO-TENANT/SPOUSE: _____
Last Name *First Name*

SOCIAL INSURANCE NUMBER: _____

COMPANY NAME	ADDRESS	EMPLOYED FROM/TO	RATE OF PAY MONTHLY/ HOURLY	HOURS PER WEEK

OTHERS WORKING IN HOUSEHOLD:

NAME: _____
Last Name *First Name*

SOCIAL INSURANCE NUMBER: _____

COMPANY NAME	ADDRESS	EMPLOYED FROM/TO	RATE OF PAY MONTHLY/ HOURLY	HOURS PER WEEK

NAME: _____
Last Name *First Name*

SOCIAL INSURANCE NUMBER: _____

COMPANY NAME	ADDRESS	EMPLOYED FROM/TO	RATE OF PAY MONTHLY/ HOURLY	HOURS PER WEEK

**ATTACH ANY ADDITIONAL INFORMATION FOR WORKING INDIVIDUALS
IN THE HOUSEHOLD**

PLEASE INDICATE IF YOU HAVE RECEIVED ANY OTHER SOURCES OF INCOME IN THE PAST TWELVE (12) MONTHS? (IF NOT APPLICABLE - PRINT N/A)

SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM/TO	GROSS MONTHLY INCOME
STUDENT GRANTS/ ALLOWANCES			
UNEMPLOYMENT INSURANCE			
WORKERS COMPENSATION			
SOCIAL ASSISTANCE <i>(DO NOT INCLUDE CHILD TAX BENEFIT)</i>			
CHILD SUPPORT/ ALIMONY – VOLUNTARY OR COURT AWARDED			
LIVING/TRAVEL ALLOWANCE			
OTHER INCOME <i>(Tips, Interest, Royalties, etc.)</i>			
PENSIONS: VETERANS AFFAIRS			
OLD AGE SECURITY			
CANADA PENSION <i>(Retirement, Widow & Orphan Benefits)</i>			
GUARANTEED INCOME SUPPLEMENT			
ALBERTA INCOME SUPPLEMENT			
COMPANY OR GROUP PENSION			
INCOME FROM SELF EMPLOYMENT			

NOTE: Details of self-employment must be outlined by the submission of a Financial Statement subject to review by Wood Buffalo Housing & Development Corporation.

ASSETS:

List all assets owned, leased, mortgaged.

VEHICLE: _____
Year Make Value Purchased/Leased

VEHICLE: _____
Year Make Value Purchased/Leased

RECREATIONAL
VEHICLE: _____
Year Make Value Purchased/Leased

REAL ESTATE: _____
Description Value

STOCKS/BONDS: \$ _____ RRSP \$ _____

I authorize Wood Buffalo Housing & Development Corporation or its Agents to make any inquiries to my employer(s) or to any other source for the purpose of verifying facts herein stated. ***Discovery of false information will result in the termination of my tenancy.***

I declare that the information contained in this application to be correct.

Tenant's Signature

Co-Tenant's Signature

Date

This Review Application MUST be completed and signed before it can be considered.

REMINDER
**YOU MUST COME IN PERSON TO SWEAR
AND SIGN THE STATUTORY DECLARATION OR THE
REVIEW PACKAGE CANNOT BE PROCESSED**



Name of Employer _____ Date: _____

Address of Employer _____

Name of Employee _____ S.I.N # _____

Address of Employee: _____

Dear Sir/Madam:

The Wood Buffalo Housing & Development Corporation, Family Housing Division, is required to verify income for both applicants and present tenants for the purposes of establishing eligibility and determining monthly rent.

The applicant/tenant has indicated that he/she is presently or has been employed by you. Your assistance is requested in completing the information section of this form and returning it to our office. The applicant/tent has authorized the release of this information as indicated below.

I hereby authorize your agency to release any information requested by the Wood Buffalo Housing & Development Corporation, Family Housing Division.

Wood Buffalo Housing & Development Corporation
9011 – 9915 Franklin Avenue
Fort McMurray, AB T9H 2K4
Tel: 780-799-4050 Fax: 780-799-4025

Signature (of Employee) **Date**

EMPLOYMENT INFORMATION (To be completed by Employer)

Position Held _____

Dates of Employment _____
FROM TO

Termination Date (if applicable) _____

INCOME Gross Monthly Salary _____

Hourly Rate of Pay _____

Number of hours currently worked per week: Straight Time _____

Overtime _____

ADDITIONAL INFORTMATION

(a) Average tips per week \$ _____

(b) Bonuses or incentive pay received for the past 12 months \$ _____

(c) Commissions received for the past 12 months \$ _____

(d) Fort McMurray Allowance \$ _____

Authorized Representative Telephone Number _____

Position Held Date Completed



Name of Employer _____ Date: _____

Address of Employer _____

Name of Employee _____ S.I.N # _____

Address of Employee: _____

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Position Held Date Completed