



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