



The information on this form is collected under the authority of the Alberta Housing Act and is in accordance with Alberta's Freedom of Information and Protection of Privacy Act. This information will be used to determine and verify the client's eligibility under Social Housing Accommodation Regulations. If you have any questions, you may contact a Property Clerk or the FOIP Co-ordinator at Lethbridge Housing Authority's Business Office: 324-B, Mayor Magrath Drive South, Lethbridge, AB T1J 3L7 (403) 329-0556.

RE: \_\_\_\_\_

Sir/Madam:

The above named person has applied for a dwelling unit, which is under the management of this Authority. In accordance with the requirements for public housing, the income of all families must be verified.

As the applicant has authorized the securing of the information and has furnished your name as an employer reference, it would be appreciated if you would supply the information indicated below.

Thank you for your courtesy and cooperation in this matter.

LETHBRIDGE HOUSING AUTHORITY

**\*\*\* TO BE COMPLETED BY EMPLOYER \*\*\***

1. Present Gross Monthly Income \_\_\_\_\_

Or Hourly Rate of Pay \_\_\_\_\_

Number of Hours Worked Per Week \_\_\_\_\_

2. Date Started Employment \_\_\_\_\_

3. Amount of Training Grant (Weekly) \_\_\_\_\_

4. Tips (Average Monthly Amount) \_\_\_\_\_

5. Commission (Average Monthly Amount) \_\_\_\_\_

\_\_\_\_\_ Representing \_\_\_\_\_  
(Employer's Signature) (Business Name)

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Housing for Families, Seniors and Special Needs in our Community