



VERIFICATION OF INCOME: E.I.BENEFITS, WORK SAFE BENEFITS, JOB CREATION PROGRAMS

RELEASE OF INFORMATION AUTHORIZATION: I/We _____ do hereby authorize the release of the following requested information to Vancouver Native Housing Society and Canada Mortgage and Housing Corporation/B.C. Housing Management Commission.

Signature: _____

PROTECTED. TO BE COMPLETED AND SIGNED BY YOUR E.I. OFFICE, OR YOUR PROGRAM SPONSOR. The following Verification of Income is provided to Canada Mortgage and Housing Corporation and VANCOUVER NATIVE HOUSING SOCIETY in strict confidence, as requested by the recipient(s) to support their assistance under the National Housing Act.

RECIPIENT'S NAME: _____
Last First

BIRTH DATE: _____ MAILING ADDRESS: _____

TYPE OF BENEFITS: _____

DATE BENEFITS BEGAN: _____ DATE BENEFITS END: _____

DATE FIRST BENEFIT CHEQUE ISSUED: _____

GROSS WEEKLY BENEFITS: _____ OR MONTHLY BENEFITS: _____

OFFICE STAMP

Office Address: _____

Office Phone Number: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

NAME (Print Clearly)	Title	Signature	Date

1726 East Hastings Street, Vancouver BC, V5L 1S9

Phone: 604.320.3312

Fax: 604.320.3317

Email: info@vnhs.ca

Maintenance: 604.320.3316

Website: vnhs.ca

