

PLEASE COMPLETE IN FULL

# VERIFICATION OF INCOME BC BENEFITS

Vancouver Native Housing Society  
1726 East Hastings Street  
Vancouver, BC, V5L 1S9  
Ph: (604) 320 - 3312 Fax: (604) 320 - 3317



**PROTECTED. TO BE COMPLETED AND SIGNED BY YOUR EMPLOYMENT ASSISTANCE WORKER OR FINANCIAL WORKER** 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 application for assistance under the National Housing Act.

**RELEASE OF INFORMATION AUTHORIZATION: I/We \_\_\_\_\_ do hereby authorize Social Services to release the following requested information to Vancouver Native Housing Society and Canada Mortgage and Housing Corporation.**

**Recipient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

RECIPIENT'S NAME: \_\_\_\_\_

RECIPIENT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**PLEASE LIST ALL RESIDENT CHILDREN**

| FULL NAME: LAST, First | AGE | SEX |
|------------------------|-----|-----|
|                        |     |     |
|                        |     |     |
|                        |     |     |

**FINANCIAL ASSISTANCE BREAKDOWN:**

A. BASIC NEEDS ALLOWANCE \$ \_\_\_\_\_

B. SHELTER COMPONENT ALLOWANCE \$ \_\_\_\_\_

C. OTHER ALLOWANCES \$ \_\_\_\_\_

TOTAL MONTHLY BENEFITS AVAILABLE \$ \_\_\_\_\_

**If recipient(s) are not receiving the full shelter allowance available to them, please state the amount of actual shelter received. \$ \_\_\_\_\_**

EMPLOYMENT ASSISTANCE WORKER'S COMMENTS

|               |      |                |             |
|---------------|------|----------------|-------------|
| EAW SIGNATURE | DATE | OFFICE ADDRESS | PH:<br>FAX: |
|---------------|------|----------------|-------------|