



To: CUSTOMER SERVICE PERSONNEL

Regarding: _____

Address: _____

In order to process the Social Housing Application, the Prince Albert Housing Authority requires the most **current monthly** amounts deposited directly into my bank account.

Old Age Security & Supplement Allowance \$ _____

Canada Pension Plan \$ _____

War Veterans Pensions & Benefits \$ _____

Annuities \$ _____

Disability Pension \$ _____

Private Pension (indicate source) \$ _____

Other (indicate source) \$ _____

Verified / Bank Representative

Date Completed

I, _____, authorize the bank to release this information to the Prince Albert Housing Authority.

Tenant Signature
(If signed by Power of Attorney, please indicate)