

I, \_\_\_\_\_  
Name of Applicant (PRINT) Name of Co-Applicant (PRINT)

of \_\_\_\_\_  
Address Apt / Unit No. Street City / Town / Municipality Postal Code

assign and authorize Alberta Seniors and Community Supports to pay:

**Check ONE only:**

Band Council  Contractor

\_\_\_\_\_  
Name of Band Council / Contractor (PRINT) ( ) Telephone Number

Guardian  Landlord  Power of Attorney  Trustee  Vendor  Other

\_\_\_\_\_  
Name of Representative (PRINT) ( ) Telephone Number

\_\_\_\_\_  
Address Apt / Unit No. Street City / Town / Municipality Postal Code

If approved, the funds are to come from my Residential Access Modification Program grant.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date

**Return this completed form by mail or fax, to:**

Alberta Seniors and Community Supports  
Residential Access Modification Program  
P.O. Box 927  
Edmonton, AB T5J 2L8

Fax: **(780) 427-0418**

Telephone: **(780) 427-5760**

To call toll free: **310-0000** then dial **(780) 427-5760**

*This information is being collected under the authority of Sections 4 and 34(1)(a) of the Alberta Housing Act, for the purpose of determining eligibility for the Residential Access Modification Program. The information will not be disclosed to any other person or organization except as authorized by the Freedom of Information and Protection of Privacy Act (FOIP). For further information write or phone the FOIP Coordinator at: Alberta Seniors and Community Supports, P.O. Box 927, Edmonton, Alberta T5J 2L8. Telephone (780) 415-6039, or toll free at 310-0000 and then (780) 415-6039.*