

Mailing Address:
PO Box 1050 STN Main
Edmonton, Alberta
Canada T5J 2M1
Fax # (780) 643-2934

Personal Health Number										

A. PERSONAL INFORMATION

Last Name	First Name	Initials
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Address

City/Town	Province	Postal Code
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Phone Number

Social Insurance Number

B. INSTRUCTIONS

CHEQUING ACCOUNT INSTRUCTIONS:

- Attach a personalized cheque with your name, address and bank account number **pre-printed** by your bank.
- Print **VOID** across the front of the cheque.
- Print your **Personal Health Number** on the front right-hand corner of the cheque.
- Return your form. You do not have to complete sections **C** or **D**.

SAVINGS ACCOUNT INSTRUCTIONS:

Please have your Bank/Financial Institution complete section **C** prior to you signing section **D**.

C. CONFIRMATION OF BANKING INFORMATION

Name of Bank

Bank Address

Branch Number	Bank Number	Account Number
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I, the Bank/Financial Institution officer, verify the above banking information is in the same name as the person indicated in section **A**.

Financial Institution Officer's Signature _____

Bank Stamp

Phone Number _____ Date _____

D. AUTHORIZATION

I authorize the Ministry of Seniors and Housing to make arrangements to deposit payments I receive from them into the bank account shown above. I understand I must notify Seniors Home Adaptation and Repair Program immediately if I change or close my bank account.

Applicant's Signature _____ Phone Number _____ Date _____

DECLARATION OF WITNESS REQUIRED ONLY WHEN APPLICANT SIGNS WITH AN 'X'.

I have read the contents of this application to the applicant who appeared to fully understand and who made his or her mark in my presence.

Signature of Witness: _____ Telephone Number: _____

The personal information you provide on this form is collected for the purposes of processing your application for benefits under the *Seniors Home Adaptation and Repair Act* and is authorized by s. 33 of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of personal information can be directed to: Manager, Seniors Home Adaptation and Repair Program, PO Box 1050 STN Main, Edmonton AB T5J 2M1 or contact Alberta Supports Contact Centre at 1-877-644-9992.

Banking Information Change

If you change your banking information please provide your updated direct deposit information to Seniors Home Adaptation and Repair Program.

Direct Deposit Request forms are available at: <https://www.alberta.ca/seniors-home-adaptation-repair-program.aspx> under the How to Apply heading.

If you have any questions please call toll free 1-877-644-9992 or 780-644-9992 in the Edmonton area. Please have your Personal Health Number ready when you call.