

Proof of Retirement from a Qualified Rossland Employer Form

**** All fields in this form are required ****

Name of housing applicant _____

Annual average number of hours worked per week for this employer _____

Year of retirement from this employer _____

Have you worked for this employer 3 of the past 5 years? _____

Name of Business _____

Physical Address of Business

_____ (Street) _____ (City) _____ (Postal Code)

Employer's Business License # _____

Contact Info for Employer

Name of Business Owner/Manager _____

Email _____ Phone # _____

Please submit this completed form and 2 most recent T4 from this employer in the online application

This form can be filled in electronically using Adobe reader – open using Adobe, click the Fill & Sign tool, add text as needed. Save changes and submit in the online application where appropriate. Use as many forms as needed for all occupants.

Purpose of this Form

Your personal information is collected for the following purposes:

- determine eligibility,
- assess housing need, and
- determine the housing that suit your needs.

This form collects personal information in accordance with section 26(c) of the *Freedom of Information and Protection of Privacy Act*