



YUKON HOUSING CORPORATION
CHANGE IN HOUSEHOLD MAKEUP

Request date: YYYY/MM/DD

Tenant-1 name		Tenant-2 name	
Tenant(s) address			
<input type="checkbox"/> Add a new dependent to the lease	Effective date: <u>YYYY/MM/DD</u>		
	First name	Last name	Date of birth <u>YYYY/MM/DD</u>
	Relationship to tenant (if you are a dependent, you may be required to submit supporting documentation)		
<input type="checkbox"/> Remove current dependent/permitted occupant from the lease	Effective date: <u>YYYY/MM/DD</u>		
	First name	Last name	Date of birth <u>YYYY/MM/DD</u>
	Reason (if you are removing a tenant/occupant of your lease 19 years or older, your request will not be considered until the primary leaseholders sign a new lease)		

Signature of tenant

Signature of tenant

Submit your form: **In person:**
At the Yukon Housing Corporation office in your community

By mail:
Yukon Housing Corporation
Box 2703 (Y-1), Whitehorse, Yukon Y1A 2C6

By email:
ykhouse@yukon.ca

More information: Call 867-667-5759
Toll free in Yukon: 1-800-661-0408

Personal information is collected directly under Section 15(c)(i) and indirectly under Section 16(2)(a) of the *Access to Information and Protection of Privacy Act*, for the purposes of rent collection. For further information, contact the Director, Finance and Risk Management Branch at (867) 667-5712, toll free, within Yukon 1-800-661-0408, or in person at 410 Jarvis Street, Whitehorse YT, Y1A 2H5.

ID VERIFICATION – OFFICE USE ONLY

Date: YYYY/MM/DD

I, _____, do verify that I have seen the following documents for:

Name		Date of birth YYYY/MM/DD
<input type="checkbox"/> Driver's licence – Issued on: <u>YYYY/MM/DD</u> Province/Territory: _____ <input type="checkbox"/> Status card <input type="checkbox"/> Passport – Country: _____ <input type="checkbox"/> Other _____		
Name		Date of birth YYYY/MM/DD
<input type="checkbox"/> Driver's licence – Issued on: <u>YYYY/MM/DD</u> Province/Territory: _____ <input type="checkbox"/> Status card <input type="checkbox"/> Passport – Country: _____ <input type="checkbox"/> Other _____		
Identification verified for the following dependent(s):		
Dependant name	<input type="checkbox"/> ID verified	Date of birth YYYY/MM/DD
Dependant name	<input type="checkbox"/> ID verified	Date of birth YYYY/MM/DD
Dependant name	<input type="checkbox"/> ID verified	Date of birth YYYY/MM/DD
Dependant name	<input type="checkbox"/> ID verified	Date of birth YYYY/MM/DD
Notes		

Yukon Housing Corporation signature