



REQUEST FOR ACCOMMODATION
CARE FACILITIES, ASSISTED LIVING FACILITIES AND HOSPITALS

To be completed by facility staff

Note: Income Support Services (ISS) is unable to provide a security deposit for accommodations that are not governed by the *Residential Landlord and Tenant Act (RLTA)*, including: community care facilities, continuing care facilities, assisted living facilities and hospitals.

Name of occupant	FIRST	LAST
Name of facility		
Mailing address		
Physical address <i>(if different than above)</i>		
Phone number		
Fax number		
Effective date of occupancy	YYYY/MM/DD	Does the rental rate include: Food <input type="checkbox"/> Yes <input type="checkbox"/> No Laundry <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated departure date <i>(if applicable)</i>	YYYY/MM/DD	
Daily rental rate		

Attention staff personnel: ISS is not a party to the landlord/tenant agreement, and accepts no responsibility for non-payment of rent or any damage to units. Notify ISS of any unexpected occupant departures by contacting the Whitehorse office at 867-667-5674, or the local Regional Services office at 867-_____.

Name of staff personnel

Signature of staff personnel

Job position/title of staff personnel

YYYY/MM/DD
Date

OFFICE USE ONLY

Rent paid: Direct By tenant

Verified by: _____

Date (YYYY/MM/DD): _____