



VERIFICATION OF ACCOMMODATION

INCOME SUPPORT SERVICES

Accommodations that are governed by the *Residential Landlord and Tenant Act* (RLTA) require a written and signed tenancy agreement between the landlord and tenant in lieu of completing this form. If you are unsure if your accommodation is governed by the RLTA, please contact the Residential Tenancies Office at 867-667-5944, or toll-free at 1-800-661-0408, ext. 5944.

In order for a security deposit to be issued by Income Support Services, the accommodation must be governed by the RLTA and a tenancy agreement must be in place. If these requirements are not met, no security deposit will be issued.

Note that tenants must be eligible for social assistance in order to receive a rental allowance from Income Support Services. Due to governing privacy legislation, social workers are unable to inform registered owners or property managers about a tenant's eligibility for assistance and, therefore, may not be able to provide information about a tenant's pending rent payment.

TO BE COMPLETED BY REGISTERED OWNER OR AN APPROVED PROPERTY MANAGER

Attention property managers: Documentation from the registered owner must be attached to this form, indicating that you have permission from the registered owner to act on his/her behalf.

TENANT INFORMATION			
Name	FIRST	LAST	
	First and last names	Relationship to tenant	
Additional tenant(s) <i>(all other persons living in the accommodation)</i> <i>(select one)</i>			
Date of occupancy	YYYY/MM/DD		
This form is being completed because the: <i>(select one)</i>	<input type="checkbox"/> tenant shares the bathroom or kitchen facilities with the accommodation's owner; <input type="checkbox"/> accommodation is owned by an educational institution; <input type="checkbox"/> accommodation is an emergency or transitional housing unit; or <input type="checkbox"/> accommodation is a group home or similar living accommodation that the Government of Canada, the Government of Yukon, a municipality, or a First Nation directly or indirectly provides for individuals with special needs.		
REGISTERED OWNER / PROPERTY MANAGER INFORMATION			
Name	FIRST	LAST	
Business name <i>(if applicable)</i>			<input type="checkbox"/> Registered owner <input type="checkbox"/> Property manager
Mailing address			
Phone		Fax/email	
Are you related to the tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the relationship? _____			

RENTAL INFORMATION

Type of accommodation	<input type="checkbox"/> House or mobile home	<input type="checkbox"/> Room
	<input type="checkbox"/> Apartment or condominium	<input type="checkbox"/> Basement suite <input type="checkbox"/> Other: _____
Rent amount	\$ _____ /month	
Heating source(s) <i>(Check all that apply)</i>	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane
	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric
		<input type="checkbox"/> Natural gas
		<input type="checkbox"/> Other: _____
Utilities included in rent <i>(Check all that apply)</i>	<input type="checkbox"/> Electric	<input type="checkbox"/> Water/sewer
	<input type="checkbox"/> Heat	<input type="checkbox"/> Other: _____

ACCOMMODATIONS WITHIN CITY/TOWN/VILLAGE LIMITS

Physical address			
Mailing address <i>(if different than above)</i>			
City/town		Postal code	

ACCOMMODATIONS OUTSIDE OF CITY/TOWN/VILLAGE LIMITS

Map (if no street address, draw map below)	Lot number	
	Plan number	
	Street address	
	Mailing address	
	City/town	
	Postal code	

Income Support Services (ISS) is not a party to the landlord/tenant agreement and accepts no responsibility for non-payment of rent or any damage to units.

Should the number of tenants change, a new Accommodation Form must be completed and submitted to ISS for consideration. Please notify ISS of any unexpected tenant departures by contacting the Whitehorse office at 867-667-5674, or your local Regional Services office at 867-_____.

Signature of registered owner / property manager

YYYY/MM/DD

Date

OFFICE USE ONLY

Verified with: City/Village Land Titles Office

Rent paid: Direct By tenant

Verified by: _____

Date: YYYY/MM/DD _____