



## SHELTER INFORMATION

(FOR OFFICE USE ONLY) CASE NUMBER	(FOR OFFICE USE ONLY) SR NUMBER
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The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Office.

**This form is NOT a tenancy agreement. This form should be used ONLY if a tenancy agreement is NOT available.**  
This form is for ministry information only. For information on tenancy agreements and rental housing, see the Residential Tenancy Branch website at [www.rto.gov.bc.ca](http://www.rto.gov.bc.ca). All information provided to the ministry may be verified.

### CLIENT INFORMATION

CLIENT LEGAL NAME	BIRTHDATE (YYYY MMM DD)	CURRENT DATE (YYYY MMM DD)
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### RENTING OR INTENDING TO RENT AT THE FOLLOWING ADDRESS

UNIT #	STREET ADDRESS	CITY / TOWN	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)		CURRENT PHONE NUMBER	
RENTAL START DATE	IS THE RENTAL UNIT ON RESERVE LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER AFTER MOVE <input type="checkbox"/> SAME AS ABOVE, OR: _____	

### PLEASE COMPLETE SECTION A, B OR C (Please complete one section ONLY):

<b>Section A - Renting a Self-Contained Unit or Room (with or without roommates)</b>		
TOTAL RENT \$	CLIENT'S PORTION OF RENT (IF SHARED) \$	TOTAL # OF PEOPLE AT GIVEN ADDRESS ADULTS _____ CHILDREN _____

<b>Section B - Room and Board (common areas shared with landlord, meals ARE provided)</b>	
AMOUNT PER MONTH \$	IS THE CLIENT OR CLIENT'S SPOUSE RELATED TO THE PERSON(S) PROVIDING ROOM AND BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Section C - Room Only (common areas shared with landlord, meals ARE NOT provided)</b>	
AMOUNT PER MONTH \$	TOTAL # OF PEOPLE SHARING ROOM ADULTS _____ CHILDREN _____

### OTHER COSTS

SECURITY DEPOSIT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLIENT'S PORTION \$	DOES CLIENT SHARE A KITCHEN OR BATHROOM WITH OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE UTILITIES INCLUDED IN RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**To the Client: If any utilities are NOT included, please provide copies of the utility bills to ministry staff when received.**  
The client must provide a rent receipt to the ministry as soon as the first month's rent is paid (unless rent is paid directly to the landlord by the ministry).

### LANDLORD INFORMATION

**To the Landlord:** The ministry may arrange to set up monthly direct deposit payments of the rent directly to the landlord, on the client's behalf. For more information on how to set up direct deposit, please visit [www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/payment-dates/direct-deposit](http://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/payment-dates/direct-deposit) or call 1 866 866-0800.

NAME OF REGISTERED OWNER		NAME OF LANDLORD OR PROPERTY MANAGER / AGENT (IF DIFFERENT)	
ADDRESS OF LANDLORD <input type="checkbox"/> SAME AS ABOVE, OR PROVIDE ADDRESS BELOW:		CURRENT PHONE NUMBER OF LANDLORD	
UNIT #	STREET ADDRESS	CITY / TOWN	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)			
LANDLORD OR PROPERTY MANAGER'S SIGNATURE		DATE (YYYY MMM DD)	