

(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 and used by the Ministry of Social Development and Poverty Reduction pursuant to sections 26(C) and 32(b) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Employment and Assistance Act* and *Employment and Assistance for Persons with Disabilities Act*. If you have any questions about the collection or use of this information, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

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. 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: _____	

Type of Rental Accommodation

A. <input type="checkbox"/> Renting a self-contained unit or room (with or without roommates)	B. <input type="checkbox"/> Room Only (common areas shared with landlord, meals are <i>not</i> included)	C. <input type="checkbox"/> Room and Board (common areas shared with landlord, meals are included)	D. <input type="checkbox"/> Other Specify: _____
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Accommodation Information

Client's Portion of Rent or Room and Board \$ _____	Total Rent of Unit (if shared) \$ _____
Are Utilities Included in Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Client Share a Kitchen or Bathroom with the Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Number of People Living at the Given Address (including client) Adults _____ Children _____	

Deposit Information

Security Deposit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Client's Portion \$ _____
Pet Damage Deposit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Client's Portion \$ _____

Landlord Information

To the Landlord: If the client has arranged for monthly direct payment of rent to the landlord, you may choose to receive this payment by direct deposit. 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 or call 1 866 866-0800.

Name of Landlord or Property Manager / Agent			
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)