NEXT OF KIN and IN CASE OF EMERGENCY

FULL NAME OF CONTACT PERSON	RELATIONSHIP	PHONE NUMBER
1. *(next of kin)*		
2.		
3.		
4.		

Do you have a Pet? ☐ Yes ☐ No If yes, ☐ Cat ☐ Dog

Is your Pet Registered with VNHS ☐ Yes ☐ No

Has your family composition changed? ☐ Yes ☐ No

If yes, reason why?

_____

DECLARATION/AUTHORIZATION:

I _____ residing at _____ certify that
Primary Tenant Full Address

the information given here is complete and correct. I authorize Vancouver Native Housing Society to obtain verification of the information from employers or other sources. I acknowledge that failure to comply with appropriate and acceptable evidence of income as requested will result in the household having to pay the full Low End Market Rent/Economic Rent as determined by CMHC/BCHMC.

TO ENSURE THAT YOUR SUBSIDY IS ACCURATE AND IN PLACE PLEASE MAKE SURE THAT YOU COMPLETE ALL THE INFORMATION REQUESTED IN THIS FORM.

I understand this form is not approval for additional occupants to reside in my household.

Signature: _____ Date _____
Primary Tenant

1726 East Hastings Street, Vancouver, BC, V5L 1S9
TELEPHONE: (604) 320-3312 FAX: (604) 320-3317 WEBSITE: www.vnhs.ca
MAINTENANCE DEPARTMENT: (604) 320-3316