



## TENANT PROFILE REGISTRY OF OCCUPANTS

This form must be completed when your family composition has changed and is mandatory for the Annual Income Review. The number of occupants is of great importance to VNHS.

**Ensure all information is completed**, if the occupant is 19 and over - income verification **must** be completed. Should you require assistance - please contact the office at (604) 320-3312.

**PRIMARY TENANT:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
First Name Last Name (Mo/Day/Year)

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Message # \_\_\_\_\_



LIST OF OCCUPANTS/INCOME AND SOURCE			
FULL NAME	BIRTHDATE (M/D/Y)	RELATIONSHIP	INCOME & INCOME SOURCE
1.			
2.			
3.			
4.			
5.			

NEXT OF KIN and IN CASE OF EMERGENCY		
FULL NAME OF CONTACT PERSON	NEXT OF KIN	PHONE NUMBER
1.		
2.		
3.		

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