



ACCOMMODATION FORM

HOTELS, MOTELS, HOSTELS, CAMPGROUNDS AND RV PARKS

TO BE COMPLETED BY FACILITY STAFF

Note: Income Support Services (ISS) is unable to provide a security deposit for accommodations that are not governed by the Residential Landlord and Tenant Act, including hotel and motel stays that are less than six months in duration, campgrounds, and RV parks.

Name of occupant	FIRST	LAST
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Additional occupant(s) <i>(all other persons living in the accommodation)</i>	FIRST AND LAST NAMES	RELATIONSHIP TO OCCUPANT

Business name			
Mailing address			
Physical address <i>(if different than above)</i>			
Phone number		Fax number	
Arrival date	YYYY/MM/DD	Departure date	YYYY/MM/DD

RATE PROVIDED	RATE AMOUNT	DURATION OF STAY	UTILITIES (IF APPLICABLE)	TOTAL AMOUNT DUE
<input type="checkbox"/> Daily	\$ _____	x _____ night(s)	+ wood \$ _____	= \$ _____
<input type="checkbox"/> Weekly		x _____ week(s)	+ showers \$ _____	
<input type="checkbox"/> Monthly		x _____ month(s)		

Attention business owners: ISS is not a party to the landlord/tenant agreement or the Hotels and Tourist Establishment Act, and accepts no responsibility for non-payment of rent or any damage to units. Please notify ISS of any unexpected occupant departures by contacting the Whitehorse office at (867) 667-5674, or the local Regional Services office at (867) _____.

Name of staff personnel

Signature of staff personnel

Job position/title of staff personnel

Date

OFFICE USE ONLY

Rent paid: Direct By Tenant

Verified by: _____

Date (YYYY/MM/DD): _____