

## **APPLICATION FOR TEMPORARY RENT REDUCTION**

**Important:** Income must have been reduced by 20% or more to qualify. If you qualify for a temporary rent reduction, be aware that the reduction will last up to 3 months per application. If you require more than 3 months, a new application will need to be completed with supporting information.

Case ID		

TENANT INFORMATION							
Name			Date YYYY/MM/DD				
						Mailing address	
Email Phone							
Lilian			Therio				
I require a rent reduction because my gross income has been reduced due to (provide reason):							
Expected length of reduction needed:		Starting		Ending			
☐ 1 month ☐ 2 months ☐ 3 months		Month:		Month:			
Note: Reduction will not be appl INCOME INFORMATION	led retroactively.	Year:		Year:			
Income	Current monthly amour	nt					
Employment	Carrone monthly amoun	Provid	Provide all documents to support declared income and to prove loss of income. Including, but not limited to:				
CPP							
			Record of Employment (ROE)				
Employment Insurance			Reduction of hours				
YSIS (income supplement)		I	(verification from employer)				
OAS		• Per	Pension statement				
Other:		• Pay	Pay statements				
Total income							
I understand that a rent reduction is based application will be reviewed by Yukon Hous required to provide proof of gross income on not provide proof of income rent will be based understand that signing this application is	sing Corporation. If appro on a monthly basis, to cal sed on annual income. s of the same force and ef	ved, for the coulate rent, but fect as if made	duration of the by the 5th day de under oath	e rent reduction you will be of the month. If you do			
information provided on this application is true. I have provided all income information.							
EFT payments will be discontinued during the reduction period and you will be required to pay in person.							
Approved rent reductions will be subject to and monies owing to Yukon Housing Corpo		ncome which	ı may result in	a recalculation of rent			
Tenant signature			 Date				
Your personal information is being collected for the purpose of program. Information collected on this form will be managed regarding collection of information, please contact the Yukon	in accordance with the Access to In-	formation and Prot	tection of Privacy Ad	ct (ATIPP). For further information			
OFFICE USE ONLY							
Approved for (length)							
☐ Denied	Manager, Community Housing Operations / Date Manager, Whitehorse Housing Operations						