



TENANT PROFILE - REGISTRY OF OCCUPANTS

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

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 (Month/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	RELATIONSHIP TO OCCUPANT	PHONE NUMBER
1. (Executor)		
2.		
3.		

Motor Vehicle Information				
Name of person vehicle registered under	Make / Model	Color of Vehicle	License Plate No.	Stall Number
1.				
2.				
3.				

Medical Information			
Name of Occupants	Personal Health Care Number	Do you have mobility issues and require wheelchair, walker, etc	Acute Medical Condition ie: heart disease, diabetes, etc
1.			
2.			
3.			
4.			

- Do you have a Pet? Yes No If yes, Cat Dog Fish Bird
 - o Is your Pet Registered with BCIHS Yes No
- Has your family composition changed? Yes No
 - o 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 BC Indigenous 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)