



Case ID: _____

APPLICATION FOR TEMPORARY RENT REDUCTION
YUKON HOUSING CORPORATION

IMPORTANT: Income must have been reduced by 20% or more to qualify.

If you qualify for a Temporary Rent Reduction, please be aware that the reduction will last up to 3 months per application.*

Tenant Name _____ Date _____
Mailing Address _____
Phone Number _____ Email _____

I, _____ require a rent reduction because my gross income has been reduced due to:
(Please provide reason below)

Expected length of reduction needed is (Circle one) 1 Month 2 Months 3 Months (Note: Reduction will not be applied retroactively)

Start (Month / Year): _____

End (Month / Year): _____

Table with 2 columns: Income, Current Monthly Amount. Rows include Employment, CPP, Employment Insurance, YSIS (Income Supplement), OAS, Other, and Total Income.

Please provide all documents to support declared income and to prove loss of income. Including, but not limited to:
Record of Employment (ROE)
Reduction of hours (Verification from Employer)
Pension Statement
Pay Statements

I understand that a rent reduction is based on the information that I have provided. I know that this income on or before application will be reviewed by Yukon Housing Corporation. If approved, for the duration of the rent reduction you will be required to provide proof of gross income on a monthly basis, to calculate rent, by the 5th day of the month. If you do not provide proof of income rent will be based on annual income.

I understand that signing this application is of the same force and effect as if made under oath. I declare that the 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 audit, based on Annual Income which may result in a recalculation of rent and monies owing to Yukon Housing Corporation.

*If you require more than 3 months, a new application will need to be completed with supporting information

Tenant Signature

Date

Office Use Only

Approval checkboxes for Approved and Denied

Approved
Denied

Manager Community Housing Operations / Manager Whitehorse Housing Operations

Date

Length Approved _____