

## **ACCOMMODATION FORM**

It is a Government requirement that suitable accommodation **MUST** be available for the employee and for any dependents. Accordingly, this form **MUST** be completed in full by the employer, and submitted <u>along</u> with the Work Permit Application Form.

Name of Emplo	oyer			
Name of <b>Emplo</b>	oyee			
Exact Location	of <u>House</u>	<u>Village</u>	Village	
P. O Box:	Telephone# (Home)	(Bus.)	(Cell)	
Type of Building	g:  Dwelling House/ Apartme	ent/		
How Many roor	ms are available for the employee	and his/her family?		
Bedrooms	Bathrooms	Living rooms	Kitchens	
Will any of thes	e rooms be shared with other occu	pants of the dwelling?		
$\square$ Yes/ $\square$ No	o If YES give details			
	dation is: Owned by the Emplo	yer Rented by the		
If rented, what i	is the period of lease?			
Name of Landlo	ord:			
Village				
P. O Box:	Telephone# (Home)	(Bus.)	(Cell)	
the accommoda	this application it may be necessar ation available. Accordingly, the E should sign the declaration below.	mployee and owner/landlore	Department of Labour to examine d of this premises (or his/her legal	
I hereby agree government, m	that a representative of the Depart ay view the premises described ab	ment of Labour, Immigration ove at any reasonable hour	or any other officer appointed by of the day.	
Owner/Landlord	d:	Employer		
Date		Date		
I CERTIFY THA AND CORREC	AT, TO THE BEST OF MY KNOW T.	/LEDGE AND BELIEF, THE	ABOVE DETAILS ARE TRUE	
(Signature	of Employer)	Housing	Inspector/Labour Officer	