



ACCOMMODATION FORM

(Please PRINT)

Name of **Employee** _____

Name of **Employer** _____

It is a Government requirement that suitable accommodation **MUST** be available for the employee and for any dependants.

Accordingly, this form **MUST** be completed in full by the employer, and submitted along with the Work Permit Application Form..

Exact Location: House # _____

Street: _____ District: _____

P.O. Box: _____ Telephone #: _____

Type of Building: Dwelling House / Apartment / _____

How many rooms are available for the employee and his/her family?

Bedrooms _____ Bathrooms _____ Living Rooms _____ Kitchens: _____

Will any of these rooms be shared with other occupants of the dwelling?

Yes / No If YES give details _____

This accommodation is: Owned by the Employer Owned by the Employee
 Rented by the Employer Rented by the Employee

If Rented, what is the period of lease? _____

Block and Parcel number: _____

If Rented, the name and address of the Landlord is:

Name of Landlord: _____ House # _____

Street: _____ District: _____

P.O. Box: _____ Telephone #: _____

In considering this application it may be necessary for a representative of this Department to examine the accommodation available. Accordingly, the Employer and Employee and owner/landlord of this premises (or his legal representative) should sign the declaration below.

_____, 20
(Signature of Employer) **(Date)**

_____, 20
(Signature of Employee) **(Date)**

I hereby agree that a representative of the Department of Immigration may view the premises described above at any reasonable hour of the day.

Owner/Landlord: _____

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE DETAILS ARE TRUE AND CORRECT.