

CAREGIVER WEEKENDER ACCOMMODATION FORM



M.H.H.S. CHARITABLE FOUNDATION

4802 Fraser Street, Vancouver BC V5V 4H4
Phone: 604-879-3277 Fax: 604-879-3327
Email: respite@helpinghouse.org Website: www.helpinghouse.ca



Personal Information

Full Name: _____
Address: _____
Guest Category: Caregiver Weekender TFW in crisis
 Caregiver in Crisis Visitor in Crisis
Contact No. _____
Email: _____
Referred By: _____

Rules and Regulations

- » Smoking, alcoholic drinking, drugs are prohibited. (Add: excessive noises, pets and unauthorized guests)
- » \$120.00 payment shall be given to the caretaker at the 1st day of each month in cash (for monthly renters).
- » Weekender shall be responsible for the tidying up and for the willful damage to the furniture and/or fixtures as well as the floor carpet provided within the room by the MHHS house and therefore, will be charge for the repair or replacement of the said furniture and/or fixtures, as well as the carpet.
- » MHHS will not be responsible for the damage and loss of personal belongings left in the shared areas-bathroom, kitchen and lounge.
- » Weekenders are allowed to use the microwave or other cooking facilities pans, pots and utensils.
- » Laundry facilities—washing machine and dryer are not provided.
- » Noise after 10:00 PM (22:00 hour) will not be tolerated.
- » Weekender shall observed check-in/out on the Respite Logbook.
- » Upon termination of agreement, weekender must return the key and give it to the caretaker.
- » Caretaker of the MHHS has the right to evict weekender at his/her discretion if in violation of the above rental policy terms and condition.
- » Additional key deposit of \$20.00 will be deducted upon check-out in final billing.

Agreement

I _____ hereby agree to the above rules and regulations that is to be strictly observed at all times which is subject to 6 months renewal of this agreement starting _____. Failure to comply will result in immediate eviction.

Signed:

Name

Date



RESPIRE ROOM APPLICATION FORM

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Personal Information	Full Name: _____				
	Guest Category (Please Check)				
	_____ New Arrivals (Immigrant/LIC)				
	_____ Others (please specify) _____				
	Address: _____				
	Apt #	Street	City	Province	Country
Contact Info: _____		Email: _____			
Name of accompanying person/s:					
Name/s		Age			
_____		_____			
_____		_____			
_____		_____			

Rules and Regulations	» Upon check-in, Guest/renter should make at least half of the rent payment (depending on the duration of stay) plus additional \$20.00 key deposit which will be deducted upon check-out in the final billing.
	» Smoking, alcoholic drinking, drugs are prohibited. (Add: excessive noises, pets and unauthorized guests.)
	» Guest shall be responsible for the tidying up and for the willful damage to the furniture and/or fixtures as well as the floor carpet provided within the room by the MHHS house and therefore, will be charge for the repair or replacement of the said furniture and/or fixtures, as well as the carpet.
	» MHHS will not be responsible for the damage and loss of personal belongings left in the shared areas- bathroom, kitchen and lounge.
	» Guest are allowed to use the microwave or other cooking facilities pans, pots and utensils. It is the responsibility of the guest to clean up after using the kitchen.
	» Noise after 10:00 PM (22:00 hour) will not be tolerated.
	» Upon check-out, please return the room key to the receptionist (daytime) or caretaker (after office hours).
	» Caretaker of the MHHS has the right to evict weekender at his/her discretion if in violation of the above rental policy terms and condition.

Agreement	I _____ hereby agree to the above rules and regulations that is to be strictly observed at all times which is subject to 6 months renewal of this agreement starting _____ . Failure to comply will result in immediate eviction.	
	Signed: _____	_____
	Name	Date

Booking Details <small>(To be filled-up by the staff)</small>	Check-in date: _____	Check-out date: _____	No. of nights: _____	
	Time-in: _____	Time-out: _____	Room #: _____	
	Deposit Paid: <input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Full Amount Received: _____	Date: _____	Received by: _____	