



Niagara Regional Housing Market Tenant Declaration Form

STEP 1: Complete both sides of this form

STEP 2: Sign the declaration and have the signatures witnessed

STEP 3: Return completed form within 30 days

In person or by mail to

Niagara Regional Housing
Campbell East, Regional Administration Building
2201 St. David's Road
P.O. Box 344
Thorold, ON L2V 3Z3

Or

You may deposit your package in one of the
drop boxes located at your apartment and
townhouse communities

If you have any questions or need assistance completing this package,
please call **905-682-9201 ext.** _____ **or 1-800-232-3292** (Grimsby)

(office use only)

Annual Renewal Date			Tenant Account Number							
MM	DD	YY								

Home Address – Street Number and Street Name	Unit/Apt. No.	City	Postal Code	No. of Bedrooms
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Household Member # 1

Household Member # 2

<input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
First Name	First Name
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Social Insurance Number	Social Insurance Number
Date of Birth (MM/DD/YY)	Date of Birth (MM/DD/YY)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law
Home Phone Number	Home Phone Number
Business Phone Number	Business Phone Number
Family Doctor – Name & Phone	Family Doctor – Name & Phone

Children/Dependants living in the Premises

Name	Relationship	Date of Birth (MM/DD/YY)	Sex M/F

Person to be contacted in case of emergency

Name	Address	City	Province	Postal Code
Home Phone No.	Business Phone No.	Relationship		

Executor and/or Next-of-Kin					
Same as above <input type="checkbox"/>	Executor <input type="checkbox"/>	Address	City	Province	Postal Code
Name	Next-of-Kin <input type="checkbox"/>				
Home Phone No.		Business Phone No.	Relationship		

Do You Own:

Pet No Yes Breed: _____ **Air conditioner(s):** No Yes
How many? 1 2 3 4
(circle one of the above)

Vehicle No Yes Year: _____ Make: _____ Model: _____ Colour: _____ Plate #: _____

Emergency Response List Update (Seniors Only)

Do you need assistance to leave your building in case of a fire or emergency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you use a cane, scooter, walker or wheelchair?		
<input type="checkbox"/> cane	<input type="checkbox"/> scooter	<input type="checkbox"/> walker <input type="checkbox"/> wheelchair
Do you have hearing problems that would prevent you from hearing the fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes
Do you have visual problems that would stop you from leaving the building in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes
Other: (ie. oxygen)		

Change to Household Occupancy

a) I) Has anyone **moved in** or **out** of your unit in the past year? No Yes
 II) If the answer to the above is Yes, please complete the following:

Name	Relationship to Household Member	Date of move or new birth (MM/DD/YY)	Moved in or out?
Name	Relationship to Household Member	Date of move or new birth (MM/DD/YY)	Moved in or out?

b) If anyone has moved in or out of your unit, have you notified in writing Niagara Regional Housing of this household change? Yes No If yes, specify date: _____

As market tenants, please take this opportunity to share with us some of the reasons that encourage you to remain in NRH communities.

Would you be interested in learning more about home ownership programs in your area? Yes No

DECLARATION

All household members 16 years of age and older must sign this form.

Household Member #1 Print Name: Signature:	Date (MM/DD/YY)
Household Member #2 Print Name: Signature:	Date (MM/DD/YY)
Household Member #3 Print Name: Signature:	Date (MM/DD/YY)
Household Member #4 Print Name: Signature:	Date (MM/DD/YY)
Household Member #5 Print Name: Signature:	Date (MM/DD/YY)
Witness Print Name: Signature:	Date (MM/DD/YY)

I verify that the information contained in this form is true and correct.

Signature of Individual Filling out Form

Date



Mailing Address:
P.O. Box 344
Thorold ON L2V 3Z3

Phone: 905-682-9201
Toll Free: 1-800-232-3292
(from Grimsby and beyond Niagara regio

Street Address:
Campbell East
2201 St. David's Road
Thorold ON

Main Fax: 905-687-4844
Fax – Applications: 905-935-0476
Fax – Contractors: 905-682-8301
Web site: www.nrh.ca

Paying your Rent has never been easier!
If you are not already signed up, we are encouraging tenants to take this opportunity to sign up for Direct Payment/Pre-authorized Payment.

I hereby authorize Niagara Regional Housing and the financial institution designated to begin deduction for my pre-authorized payment plan.

Tenant Account Number: t000 _____

PAP Start Date: _____

Name _____

Address _____

City _____

Telephone _____ Postal Code _____

<input type="checkbox"/>	<i>Chequing Account</i>	Bank Account Number _____
<input type="checkbox"/>	<i>Chequing / Savings</i>	Bank Name _____
<input type="checkbox"/>	<i>Joint Account</i>	Bank Address _____
		City _____
		Postal Code _____
<input type="checkbox"/>	<i>Void Cheque Attached</i>	Rent amount as set by Niagara Regional Housing

AUTHORIZED SIGNATURE (S) _____

For Joint Accounts, all depositors must sign when more than one signature is required on a cheque issued against the account.

OTHER RENT PAYMENT OPTIONS:

Debit Card: You may now pay by debit card. The debit card option is available at our office only. Sorry NO Mastercard or Visa.

Telephone or Online Rent Payments: Telephone and online rent payments are now available through most banks. Check with your local bank to see if this is available to you. You will require your tenant number when you sign up.

****If you do not already have your tenant number, please call your Tenant Support Representative at the extension number on the front page of this package.**