



## Tenant Advisory Group (TAG) Committee Volunteer Application

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name	First Name	Home Phone Number	Cell Phone Number
<hr/> <div style="display: flex; justify-content: space-between;"> <span style="width: 60%;">Street Address</span> <span style="width: 35%;">Apt. #</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span style="width: 50%;">City</span> <span style="width: 45%;">Postal Code</span> </div>				
How long have you lived there?				

**Please explain why you are interested in being a part of the TAG Committee**

---



---



---



---



---

All information is confidential; it will be retained for the sole purpose of the Niagara Regional Housing TAG Committee and will not be used in any other way. I hereby authorize that all the information given in the above application is correct and may be used by Niagara Regional Housing as required.

Signature	Date
-----------	------