



ADDITIONAL BEDROOM REQUEST

Return form one of these ways:
Mail P.O. Box 344, Thorold, ON L2V 3Z3
Fax 905-935-0476
In Person 1815 Sir Isaac Brock Way, Thorold

Applicant Name _____ Phone # _____

Address: _____

Your patient has applied for affordable housing and is requesting an additional bedroom based on medical grounds. In order to assess the request, we require the information below to be completed.

There are two circumstances under which an additional bedroom may be requested. Please review each one below and provide an explanation below.

- A household member requires a separate bedroom because a medical condition or disability interferes with the sleep patterns of the spouse/same-sex partner. Please list the medical condition or disability and describe how it interferes with the sleep patterns of the spouse/same-sex partner.

- A household member requires a separate bedroom because the use of required medical equipment substantially interferes with the sleep patterns of the spouse/same-sex partner. Please list the specific medical equipment and how it interferes with the sleep patterns of the spouse/same-sex partner.

- A separate bedroom is required for storage of medical equipment. There is a significant mobility issue of a member of the household, such that **more than one** piece of large equipment is required for mobility purposes. Please list the specific medical equipment that requires an additional bedroom for storage.

PHYSICIAN'S RELEASE

I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

Space for physician's stamp

Physician's Name (printed)

Phone

Physician's Signature

Date

CONSENT & RELEASE FROM APPLICANT

I understand that Niagara Regional Housing requires the requested personal health information to determine my eligibility for an additional bedroom.

I authorize my physician to release the information requested on this form to Niagara Regional Housing, and I consent to Niagara Regional Housing using, verifying and retaining this information in my housing file.

Applicant Name (printed)

Applicant Signature

Date

Office Use Only

Approved

Denied

Date: _____

By: _____

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), 1991 and the Personal Health Information Protection Act (PHIPA), 2004. The information will be used only for the purposes of determining an applicant's eligibility for an additional bedroom. In applying for rent-gear-to-income housing and/or the applicant's request for an additional bedroom, the applicant consents to the collection, use and disclosure, including verification, of the information provided to Niagara Regional Housing in their application or supporting documents.