Former Tenant/Member Arrears Form

To	Niagara Regional Housing, Eligibility Assessment Representative	
	Fax number **905-935-0476**	
Housing Provider Information	Name	
	Contact Person	
	Phone	
Former Tenant/Member Information	Name	
	Date of Birth	Social Insurance Number
	Name	
	Date of Birth	Social Insurance Number
	Name	
	Date of Birth	Social Insurance Number
Unit Information	Unit #	Address
	Move out Date	☐ RGI ☐ Market
Reporting	☐ Move out Arrears ☐ Repayment Agreement (Agreement Attached) ☐ Arrears Eliminated ☐ Misrepresentation expiry date: (as determined by the Landlord and Tenant Board or the District Court)	
Arrears	Rent/Housing Charges Owing	**$**
	Comments	
	Damages Owing	**$**
	Comments	
	TOTAL ARREARS	$
Additional Comments		
Completed by (please print name) Signature		Date