
Housing Provider Eviction Prevention Request for Support

→ Send completed form by:

- FAX 905-687-4844
- Email carley.bordin@niagararegion.ca
- Call 905-980-6000 ext. 3920

****Please note that referrals will be responded to in order of priority****

Housing Provider Requesting Service:

Staff Name/ Position: _____ Referral Date: _____

Address: _____

Phone: _____ Email: _____

I agree that the Housing Provider Community Programs Coordinator (HPCPC) can disclose that I made this referral

Tenants/member(s) being referred:

Name(s): _____ Age(s) (approx.): _____

Address: _____ Phone: _____

Email: _____ Preferred language: _____

NOTE - Please ensure that you have:

- Followed all relevant By-Laws
- Noted the effects of the behaviours on other tenant/members
- Included all relevant details
- Attached all relevant documents

Reason for referral (check all that apply):

- Behaviours affecting neighbours
- Decline in ability to live independently
- Hoarding
- Safety/abuse concerns
- Conflicts with other tenants
- Other (describe): _____

