

**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	<input type="checkbox"/> RGI <input type="checkbox"/> Market
Reporting	<input type="checkbox"/> Move out Arrears <input type="checkbox"/> Repayment Agreement (Agreement Attached) <input type="checkbox"/> Arrears Eliminated <input type="checkbox"/> 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)		Date
Signature		