Former Tenant / Member Arrears

	Niagara Regional Housing, Eligibility Assessment Representative						
То	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 □ Arrears Eliminated						
	 (Agreement Attached) □ 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	D	ate					
Signature							