

# Eviction Prevention and Support Request

## Mailing Address:

Niagara Region  
Housing Services  
1815 Sir Isaac Brock Way PO Box 344  
Thorold, ON L2V 4T7  
[niagararegion.ca](http://niagararegion.ca)

905-980-6000 Toll free: 1-877-263-7215  
Fax: 905-935-0476  
Email: [HPCPCreferrals@niagararegion.ca](mailto:HPCPCreferrals@niagararegion.ca)

**Please complete and return this form.**

## Housing Provider

### Housing provider requesting support

First name:

Last name:

Address:

City/Town:

Postal code:

Telephone number:

Email:

Preferred language

Position:

### Tenant/member in need of support

First name:

Last name:

Address:

City/Town:

Postal code:

Telephone number:

Email:

Preferred language

### Reason for request (check all that apply)

Issues with other tenants  
Literacy  
Support with daily living  
Health care support  
Other (describe)

Pending eviction  
Pet issues  
Decline living independently  
Safety/abuse concerns

Social issues  
Clutter/hoarding symptoms

**Risk to housing services staff (e.g., large pets, contagion, weapons, etc.)**

**Effects of tenant/member(s) behaviour on other member(s)**  
**Please provide as much detail as you can**

**What steps have you already taken as the Provider**

	Yes	No	N/A
Discussed a repayment agreement with tenant (where appropriate)			
Informed member of assistance that may be available through Discretionary Benefits at <a href="https://niagararegion.ca/social-services/discretionary-benefits/default.aspx">niagararegion.ca/social-services/discretionary-benefits/default.aspx</a> or by phoning 905-641-9960 ext. 6072			
Provided formal notices to tenant in writing – please attach			
Followed all relevant by-laws			
Other:			

**Other agencies involved (if any). Please provide as much detail as you can**

## Permission

I agree that the Community Programs Coordinator may speak with my Property Manager, Housing Provider and/or Housing Provider Staff.

### Please note

Due to privacy legislation, the Community Programs Coordinator will only provide an update to the Property Manager, Housing Provider and/or Housing Provider Staff with your consent.

### Checklist

Included all relevant details

Attached all relevant documents

Applicant name (printed):

---

Staff signature:

Date (mm/dd/yyyy):

---

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

If you require this document in a different format, please contact **accessibility@niagararegion.ca** or phone 905-980-6000 ext. 3252

Any personal information or personal health information submitted will be collected, used and disclosed, where applicable, by members of Regional staff in accordance with the Municipal Freedom of Information and Protection of Privacy Act or the Personal Health Information Protection Act. Any information you share will be used only for the intended purpose for which it was provided.