

Eviction Prevention and Support Request

Mailing Address:

Niagara Region
Housing Services
1815 Sir Isaac Brock Way P.O. Box 344
Thorold, ON L2V 4T7
niagararegion.ca

905-980-6000 Toll free: 1-877-263-7215
Fax: 905-935-0476
Email: 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug or alcohol concerns | <input type="checkbox"/> Support with daily living | <input type="checkbox"/> Decline living independently |
| <input type="checkbox"/> Mental health concerns | <input type="checkbox"/> Health care support | <input type="checkbox"/> Safety/abuse concerns |
| <input type="checkbox"/> Issues with other tenants | <input type="checkbox"/> Pending eviction | <input type="checkbox"/> Social issues |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Pet issues | <input type="checkbox"/> Clutter/hoarding symptoms |
| <input type="checkbox"/> Other (describe) | | |

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 niagararegion.ca/social-services/ontario-works/discretionary-benefits 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.