

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 Tenant/Member

Tenant/Member(s) requesting support

First name:	Last name:
Address:	
City/Town:	Postal code:
Telephone number:	Email:
Preferred language	Housing provider:
Property manager:	Phone number:

Reason for request (check all that apply)

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

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

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):

Tenant/Member 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.