



## Tenant Advisory Committee (TAC) Volunteer Application

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name	First Name	Home Phone Number	Cell Phone Number
<hr/> <div style="display: flex; justify-content: space-between;"> <span>Street Address</span> <span>Apt. #</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>Postal Code</span> </div> <hr/> <p>How long have you lived there?</p>				

**Please explain why you are interested in being a part of the TAC Committee**

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All information is confidential; it will be retained for the sole purpose of the Niagara Regional Housing TAC Committee and will not be used in any other way. I hereby authorize that all the information given in the above application is correct and may be used by Niagara Regional Housing as required.

Signature	Date
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