

Community Services | Housing Services

1815 Sir Isaac Brock Way, PO Box 344 Thorold, ON L2V 3Z3

905-980-6000 Toll-free: 1-800-263-7215

Housing Provider Eviction Prevention Request for Support

- → Send completed form by:
 - FAX 905-687-4844
 - Email <u>carley.bordin@niagararegion.ca</u>
 - Call 905-980-6000 ext. 3920

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

Housing Provider Requesting Service:

Staff Name/ Position:		Referral Date:	
Address:			
	the Housing Provider Commulthat I made this referral	nity Programs Coordinator (HPCPC)	
Tenants/member(s) being referred:		
Name(s):		Age(s) (approx.):	
		Phone:	
		Preferred language:	
NOTE - Please ens	ure that you have:		
Noted the efIncluded all	relevant By-Laws fects of the behaviours on o relevant details relevant documents	ther tenant/members	
Reason for referral	(check all that apply):		
Decline in al Hoarding Safety/abus	h other tenants		



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Please provide as much detail as you can, including the effects on neighbours:
Please provide any action you have already attempted as the landlord/provider:
Other agencies that are currently involved:
Risk to Housing Provider Community Programs Coordinator (ex large pets, weapons etc.):

Please Note: Due to Privacy Legislation, the CPC will only provide an update to the referral source with consent from the tenant/member.