



Community and Health Services Department
Housing Services Branch

Former Tenant/Member Arrears

Housing Access Unit
55 Eagle Street
Newmarket ON L3Y 8X7

Tel: 1-877-464-9675
905-830-4444 ext. 2499
Fax: 905-830-5023

Name of Housing Provider:	
Contact Person:	
Telephone Number:	

<input type="checkbox"/>	The following household recently moved out of our building and owes arrears. Details are listed below.
<input type="checkbox"/>	The following household was already reported to the HAU as a move-out owing arrears. We are now reporting an adjustment to the amount reported. This may be due to damages, overpaid subsidy, etc.

	Name	Date of Birth	SIN
Main Tenant/ Member			
Co-Tenant/ Co-Member			
Other Household Member			
Other Household Member			

Address:		Unit #
Street Number:	City:	
Move Out Date:	<input type="checkbox"/> RGI	<input type="checkbox"/> Market

Rent Arrears:	\$
Damages:	\$
Overpayment of Subsidy:	\$
Total Amount:	\$

Please check status of repayment schedule:	<input type="checkbox"/> No Agreement
	<input type="checkbox"/> Agreement Signed (attached)
	<input type="checkbox"/> In Good Standing
	<input type="checkbox"/> Irregular Payments
	<input type="checkbox"/> No Payments
	<input type="checkbox"/> Paid in Full

Signature:	
Completed by: (Please print name.)	Date: