

**Human
Services**

10 Peel Centre Dr.
Suite B
PO Box 2800, STN B
Brampton, ON
L6T 0E7
fax: 905-453-5002
tel: 905-453-1300

peelregion.ca

RE-PAYMENT PLAN UPDATE FORM TO BE COMPLETED – Return to below address (or via fax)

Name of Housing Provider: _____
 Property Address: _____
 Telephone Number: _____

<input type="checkbox"/>	An arrears re-payment plan has been put in place with regard to the following former tenant/member household (details below). Money owed may include rental arrears, overpaid subsidy and/or related costs.
<input type="checkbox"/>	A former tenant/member household with an existing re-payment agreement is not complying with the terms of this agreement. The details are given below.

	LAST NAME	FIRST NAME	DATE OF BIRTH (mm/dd/yyyy)	SIN (if provided by the tenant)
Main Tenant / Member:				
Co-Tenant / Co-Member:				
Other Household Members:				
Terms of the Re-Payment Agreement:				
Other Details:				

Prepared By:
 Name: _____
 Signature: _____
 Date: _____

HOUSING, CLIENT SERVICES
 10 PEEL CENTRE DRIVE, SUITE "B", P.O. BOX 2800, STN "B"
 BRAMPTON, ONTARIO L6T 0E7

GENERAL: (905) 453-1300 FAX: (905) 453-1308