

Arrears Repayment Agreement Default Form **Service Manager Directive 21-03 - Appendix B**

Provider name

Unit address where arrears were incurred

Unit number

Street number

Street name

Unit vacancy date (yyyy/mm/dd)

Household member information: include information for all household members (16 years of age or older)

- | | |
|--------------------|----------------------------|
| 1. Name | Date of birth (yyyy/mm/dd) |
| SIN (if available) | |
| 2. Name | Date of birth (yyyy/mm/dd) |
| SIN (if available) | |
| 3. Name | Date of birth (yyyy/mm/dd) |
| SIN (if available) | |
| 4. Name | Date of birth (yyyy/mm/dd) |
| SIN (if available) | |

Repayment agreement default information:

Date of last repayment agreement arrears payment (yyyy/mm/dd)

Date repayment agreement started (yyyy/mm/dd)

Starting balance of repayment agreement \$

Total amount of arrears paid to date \$

Total current arrears balance owing \$

Last known telephone number of the household

Last known email address of the household

Last known address of the household

Housing provider contact information: housing provider contact information to discuss the status of the arrears or repayment agreement

Housing provider name

Contact person to discuss arrears file

Name

Phone number

Email

Arrears form completed by

Title

Date (yyyy/mm/dd)

Personal information contained on this form is collected under the authority of Ontario's Housing Services Act, 2011 sections 57(6), 169(1) and (2), 170(1) (2), 171(1), (3) and (6) Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990, c.M.56) and the Federal Personal Information Protection and Electronic Documents Act (S.C. 2000, c.5)