

**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

ARREARS MOVE-OUT FORM TO BE COMPLETED – Return to below address (or via fax)

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

<input type="checkbox"/> The following household (recently) moved out of our building and owes arrears. Money owed may include rental arrears, overpaid subsidy and/or damage related costs. The specifics are as given below.				
<input type="checkbox"/> The following household was already reported as a move-out with arrears owing. However, we have now been able to assess in more detail the total amount owing (rental arrears, overpaid subsidy and/or damage related costs). The updated amount is listed 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:				
Move-Out Date: (mm/dd/yyyy)		Unit Number:		
Total Amount Owning: rental arrears + overpaid subsidies + damage related costs		Rental Arrears \$	Overpaid Subsidy \$	Damages \$
		Total \$		
Re-Payment Agreement	Yes	No	Comments:	
Re-Payment Agreement in Good Standing	Yes	No	Comments:	
Misrepresentation Based on <i>Court Order</i> on file for misrepresentation of Income	Yes	No	Date of Order: (mm/dd/yyyy)	

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