|  |
| --- |
| **RE-PAYMENT PLAN UPDATE FORM TO BE COMPLETED – Return to below address (or via fax)**Name of Housing Provider: |
| Property Address: |  |
| Telephone Number: |  |

|  |  |
| --- | --- |
| [ ]  | 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. |
| [ ]  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_