

Emergency assistance

Complete this form if you or a family member would need assistance in the event of an emergency in the building.

This form will be used to help identify tenants who need evacuation assistance, but does not serve as a guarantee for evacuation support.

Tenant information

Name			Tenant ID	
Street address		Unit	City	Postal code
Primary number	Alternate number	Email address		

Individuals requiring assistance

Name	What is the reason for emergency assistance?	Do you have any medical equipment that requires electricity?	Do you have any medication that requires refrigeration?
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No

Tenant signature _____

_____/_____/_____
YYYY/MM/DD

continued...

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Notice with respect to the collection of personal information

(Municipal Freedom of Information and Protection of Privacy Act)

This information collected under the legal authority of the *Housing Services Act, 2011* and regulations thereafter; for the purpose of administering housing subsidy programs. For more information regarding the collection of personal information on this form please contact the Manager of Housing Operations and Tenancy Support at 905-453-2500, at Peel Housing Corporation o/a Peel Living, 10 Peel Centre Dr. Suite B, P.O. Box 2800, STN B, Brampton, ON L6T 0E7.