



Hastings County
Community and Human Services, Housing Services
228 Church Street, Belleville ON K8N 5E2

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Fax: (613) 966-4598 www.hastingscounty.com

TENANT INFORMATION FORM

This form will provide Housing Services with information in case of an Emergency

TENANT NAME: _____

ADDRESS: _____

PHONE: _____

IN CASE OF EMERGENCY: _____

PHONE: _____

NEXT OF KIN: _____

PHONE: _____

EXECUTOR: _____

PHONE: _____

POWER OF ATTORNEY _____

PHONE: _____

PERSON WHO HAS PERMISSION TO ENTER YOUR APARTMENT IN CASE OF AN EMERGENCY

NAME: _____

ADDRESS: _____

PHONE: _____

A COPY OF YOUR LAST WILL OR POWER OF ATTORNEY (POA) AGREEMENT WOULD BE REQUIRED BY HOUSING IF/WHEN ACCESS IS REQUIRED BY YOUR EXECUTOR OR POA. PROVIDING A COPY IN ADVANCE WILL ASSIST ALL PARTIES WHEN AN EMERGENCY ARISES.

SIGNATURE OF TENANT _____ DATE _____