



Housing Division
Social Services Department
82 Erie Street, Stratford, Ontario N5A 2M4
Phone: 519-271-3773 Toll Free: 1-800-669-2948

Form 312 - Annual Update Risk Management Form

Tenant Name:

Address:

Phone Number:

Email:

Vehicle Information

Do you own a motorized vehicle? (This includes, Motorized bikes and Scooters)

Yes

No

Please list all vehicles below:

Vehicle Make/Model	Year/Colour	License Plate Number

Are all vehicles insured and operable?

Yes

No

Insurance Carrier	
Policy Number	

Tenant Insurance

It is mandatory that you have tenant insurance. If you are in receipt of Ontario Works or ODSP, you may apply to them to pay for your monthly insurance payments under your Shelter Allowance.

Is a copy of your current tenant insurance attached?

Yes

No

Expiry/Renewal Date:

Pets

Type of Pet(s)	Breed	License/Tag Number

If you have any tanks or cages, please indicate below how many you have, and the size of the tank or cage:

Resident(s) Information for Safety & Evacuation Purposes

I/we hereby allow Perth and Stratford Housing Corporation to include the personal medical information below in the landlord’s emergency/fire/evacuation procedures.

I/we understand that the intent of including this information is to provide emergency personnel with information that may assist them with my/our evacuation of the premises, if there is an emergency.

I/we may need assistance in an evacuation for the following reason(s):

Mobility Challenges

Wheelchair dependant

Use a walker

Use a cane

A scooter for outside transportation

Hearing

Deaf

Hearing impairment

Vision

Blind

low vision

Oxygen Dependent

Yes, if so please indicate how many tanks are in your unit?

No

Please list below if there are any other considerations we should know about:

Emergency/Alternate Contacts

! Please list any alternate contacts we may call/leave a message within the event we are trying to reach you, or who you would like us to reach in case of an emergency

Alternate Contact One:

First and Last Name

Relationship to you

Phone number

Email

Alternate Contact Two:

First and Last Name

Relationship to you

Phone number

Email

Support Contacts

I give permission to the City of Stratford to share my personal information regarding Social Services related matters and supports with the following persons/organizations. This may include but is not limited to your Next of Kin, OW/ODSP Worker, Trustee and/or Power of Attorney, or any other supports (CMHA/Housing Stability Worker/Outreach), etc.

I/we understand the purpose for disclosing this personal information to the persons /organizations provided in the Support Contacts section below is so that they can assist me/us with obtaining and maintaining housing services. I/we understand that I/we can withdraw this consent at any time by providing written notice.

Support Contact One:

First and Last Name:

Relationship to you:

Organization (if applicable):

Phone number:

Email:

Mailing Address:

Support Contact Two:

First and Last Name:

Relationship to you:

Organization (if applicable):

Phone number:

Email:

Mailing Address:

Consent and Declaration

The personal information on this form is collected by Perth and Stratford Housing Corporation under the authority of the Residential Tenancies Act, 2006, Fire Protection and Prevention Act, 1997, S.O. 1997, c. 4 and is subject to the Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c. M. 56.

Declaration

- I/we confirm that all the information on this form is true and I/we have not left out any information.
- I/we understand that this form is for the purposes of assessing risk management.
- I/we understand that any inquiries with respect to my/our personal information may take the form of electronic data exchanges and I/we agree to receive Social Services notices and documents by email at the email addresses we have provided as part of our application and/or Annual Review.

I have read or had read to me and understand the consent set out above.

Sign Here

Tenant Name (Please Print)	Tenant Signature	Date

If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or clerks@stratford.ca.