

Please complete this form and return it with your Household Income and Assets Review. If you need more forms or more information, please call 416-981-5500. Thank you!



Emergency Contact and Special Assistance Information

Last name:		First name:	
Address:			Unit:
Daytime phone number:		Evening phone number:	
Languages spoken:			

Emergency Contact Information

Please give us the names and phone numbers of two people we can call in case of an emergency.

Name of emergency contact person (1):		Daytime phone number:	
Relationship to the household: (for example: mother, son, friend)		Evening phone number:	
Name of emergency contact person (2):		Daytime phone number:	
Relationship to the household: (for example: mother, son, friend)		Evening phone number:	

Special Help Needed in an Emergency

Please tell us about any member of your household who may need special help in an emergency, such as a fire, when you must leave the building. For example, list anyone who has health problems that cause difficulty walking, such as asthma or use of medical equipment.

Name of Household Member	Help that may be needed (Example: needs help using stairs)	Reason (Examples: heart or breathing problems, vision problems, asthma, uses a wheelchair or oxygen tank)

X

Tenant Signature

Date