



INTERNAL TRANSFER REQUEST FORM

(14/8/07)

| | | |
|---|-------------------------------------|---------------------------|
| Name: | | Date of Birth: |
| Social Insurance Number: | | |
| Current Address: | | |
| Phone Number: | | |
| Current bedroom size: | | |
| Transfer Request Address: (please list all requested locations if you are requesting a transfer to more than one address) *write on back if more space needed* | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| Bedroom Size requested: | | |
| Current Household Members | | |
| Name: | Date of Birth / Relationship | Social Insurance # |
| | | |
| | | |
| | | |
| | | |
| | | |

Gross Monthly Income: \$

Please explain your reasons for requesting a transfer, and detail any **special requirements** (eg. Wheelchair access, supportive housing) or **urgent considerations** (eg family violence, serious health needs, personal safety issues)

*Please be advised that in order to be eligible to apply for another unit you must meet the following criteria:

- ✓ You must have lived in your present accommodation for twelve consecutive months
- ✓ You must be up-to-date with your rent for a minimum of six months
- ✓ You must continue to meet basic eligibility criteria

Date

Tenant Signature

Date

Co-Tenant Signature

Date

Approved by C.S.S.