

## **Tenant Request for Transfer**

Eligibility Requests for a transfer will be accepted providing:  ☐ The tenant(s) have resided in their current unit for a minimum of one (1) year; and ☐ Their tenancy is in good standing; and ☐ There are no outstanding debts, including chargebacks, rent arrears or audit arrears; and ☐ The tenant(s) are still eligible for housing; and ☐ The tenant(s) meet one of the Transfer Reasons below.
<b>Transfer Reasons 1</b> . Medical Need: The unit presently occupied by the tenant is (or will become) injurious to the health of the tenant or to a member of their household. The tenant must provide Medical Documentation completed by a medical practitioner indicating how a move will improve or alleviate their medical condition. Costs associated with the completion of medical documentation are the responsibility of the tenant(s).
<b>Transfer Reason 2</b> Social Conflict: Continued residence in the unit, or vicinity, will put the well-being of the tenant, or a member of their household, at serious risk from trauma, violence, harassment, or other undesirable consequences. Police or an appropriate community resource agency must support these circumstances in writing.
<b>Transfer Reason 3.</b> Inappropriate Unit Size for Household: A change in the household composition has resulted in the unit being too big (over-housed) or too small (underhoused) for the household. Refer to page 4 for the National Occupancy Standards.
PLEASE PRINT OR TYPE CLEARLY
A Current Tenant Information:
FIRST Name of Tenant
LAST Name of Tenant
Current Address:
Home Phone Work Phone Message Phone:

(Full Name /Birth Date / d/m/y ,/Age / Gender / (M/F),/Relationship to Tenant) 1 TENANT: 2: Secondary: \_\_\_\_\_\_ 3: Occupant\_\_\_\_\_\_ 4: Occupant 5: Occupant\_\_\_\_\_ 6: Occupant \_\_\_\_\_ 7: Occupant \_\_\_\_\_\_ 8: Occupant \_\_\_\_\_ Type of Disability (if any), Wheelchair Requirements: C. Pets: Do you have any household pets? 

Yes (It is important that you list all pets) Number of pets: \_\_\_\_\_ Do you have a dog? 

Yes Breed(s) of dog: D. Transfer Reason: Please indicate your transfer reason by selecting one (1) of the following three **Transfer Reasons: Please circle** o 1-Medical Need o **2-Social Conflict** o 3-Inappropriate Unit Size

Refer to page 1 for descriptions of the transfer reasons. Transfer requests

under reasons 1, 2 and 3 require supporting documentation.

B. Household Composition: (List yourself on line 1, then list all other persons

in your household who will be living with you.

Comments: (Please provide additional information on your need to transfer,		
F. Dec	laration: Please read and sign this statement.	
•	declare this is my/our application. and all the information in it is correct implete to the best of my/our knowledge.	
I/We a	authorize, pursuant to the Freedom of Information and Protection of	
	y Act (the FOI Act):	
1.	The housing department to make any inquiries that are necessary to	
2	verify the information given in this application. any person, corporation or social agency to release to the housing	
۷.	department any information pertinent to the assessment of my/our	
	application.	
3.	Social Development to release information to the housing department regarding my/our income.	
4.	this application does not constitute any agreement on the part of the	
	TFN Housing Department or its members to provide me/us with	
_	housing.	
5.	that if I/we are being considered for an available unit, housing department will gather additional information in order to assess	
	my/our ability to uphold the obligations of a tenancy agreement and it	
	is my/our responsibility to provide or cause to be provided	
	information requested to assist with this assessment.	
6.	it is my/our responsibility to advise housing department of any	
	changes to the information given in this application and to provide any	
_	supporting materials required.	
/.	Housing may limit the number of offers of alternate accommodation and has the option to cancel my/our Transfer Request if I/we refuse a	
	unit without sufficient cause or reason.	
8.	prior to confirmation of a transfer, a pre-move-out inspection of	
	my/our current unit may be completed and, if the current unit is in an	
	unacceptable condition, it could result in cancellation of the Transfer Request.	
Signat	ure of Tenant: Date:	