

TRANSFER REQUEST FORM

INTERNAL TRANSFER REQUEST FORM



How to fill out this form:

1. Complete all sections applicable to your household.
2. Submit your application to the Resident Services Department (as specified below).
3. Attach any documentation you have to support your request.

If you require assistance completing this form, you can contact 705-742-0439.

PART 1 HOUSEHOLD INFORMATION

Address		Unit #	Current No. of Bedrooms
Phone	Cell Phone	Main Email Address:	
		Future communication by Peterborough Housing Corporation will be issued via email	
Signature		Date Signed	

Leaseholder Information

First Name	Last Name	Gender	Date of Birth
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N – prefer not to answer	
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N – prefer not to answer	
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N – prefer not to answer	

Other Household Members

First Name	Last Name	Gender	Date of Birth	Relationship to Leaseholder
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N – prefer not to answer		
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N – prefer not to answer		

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Other Household Members continued

First Name	Last Name	Gender	Date of Birth	Relationship to Leaseholder
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N – prefer not to answer		
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N – prefer not to answer		
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N – prefer not to answer		

Do any household members have an accessibility or accommodation requirement?
 Yes No If yes, please complete the Medical Accommodation Form.

Alternative Contact: who would you like Peterborough Housing Corporation to contact if we can't reach you?

First Name	Last Name	Phone	Email

PART 2 REASON FOR TRANSFER (CHECK ONE)

Please complete this section only if you have a crisis or accessibility/medical accommodation. Once submitted, the Resident Services Coordinator will work with you to complete your application and gather the required documentation. If approved, the RSC will identify and offer up to three suitable transfer locations.

Crisis – Victim Impact. The tenant or authorized member of the household has been the victim of a traumatic incident at the residential complex. The traumatic incident must have occurred no more than 6 months prior to the transfer request. Supporting documentation must be provided.

Crisis – Witness Impact. The tenant or authorized member of the household has witnessed a traumatic incident in their unit. The traumatic incident must have occurred no more than 6 months prior to the transfer request. Supporting documentation must be provided.

Accessibility/ Medical Accommodation. The tenant or authorized household member is requesting accommodation based on a *Human Rights Code* identified and/or a medical accommodation based on urgent health related events where the current unit is no longer accessible and/or safe for on a permanent basis. A Medical Accommodation Form must be completed by licensed medical doctor.

Underhoused Transfer. A household that is living in a unit that is too small by two or more bedrooms based on the City of Peterborough's social housing Occupancy Standards.

If the reason for transfer relates to a household member who is under 18 or unable to provide consent in writing by reason of physical or mental disability, the consent must be signed by the household member's rent, legal guardian, trustee, or power of attorney for property.

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Please provide more details about the reason you are requesting a transfer:

Note: for all reasons for transfer listed in this section, either email your application to residentservices@ptbohousingcorp.ca or drop off at 526 McDonnell Street, Peterborough, ON K9H 0A6

Tenant Consent

By signing this form above, I understand that Peterborough Housing Corporation requires the personal information requested on this form to determine my eligibility for a transfer. I consent to Peterborough Housing Corporation using, verifying, disclosing, and retaining this information, my application, and any supporting documentation on my housing file to the extent it is necessary in order to respond to my request for transfer and for related tenancy purposes. If Peterborough Housing Corporation needs to share this form with other third parties, it will seek consent in advance.

Privacy

The personal information on this form is collected under the authority of the *Human Rights Code*, RSO 1990, c H19 including sections 10, 11 and 17 of that act; the *Housing Services Act, 2011*, SO 2011, c 6 Sched 1 including section 176 of that act and O Reg 367/11 including section 47(1) 5 of that regulation; and/or the *Residential Tenancies Act, 2006*, SO 2006, c 17 including section 10 of that act, and will be used only as is necessary for the purposes of determining an applicant's eligibility for the purposes of determining an applicant's eligibility for a transfer to another unit.