



BUILDING SELECTION FORM NRH TRANSFER REQUESTS

Tenants of Niagara Regional Housing (NRH) may use this form when requesting a transfer to another NRH unit. All NRH communities are listed on this selection form. Please refer to the Transfer Request Form for eligibility criteria for NRH transfers.

Where would you like to live? You may select as many cities as you like. <input type="checkbox"/> St. Catharines <input type="checkbox"/> Niagara Falls <input type="checkbox"/> Welland <input type="checkbox"/> Fort Erie <input type="checkbox"/> Port Colborne <input type="checkbox"/> Thorold <input type="checkbox"/> Pelham <input type="checkbox"/> Grimsby <input type="checkbox"/> Niagara on the Lake <input type="checkbox"/> West Lincoln (Smithville) <input type="checkbox"/> Lincoln (Beamsville)	How many bedrooms do you require? <input type="checkbox"/> Bachelor <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 5 Bedroom	APT Apartments SEMI Semi Detached Home TH Townhouses DET Detached E Elevator FULLY MODIFIED UNIT allows a person that uses a wheelchair for mobility to manoeuvre around the unit and in and out of the building. These units have been modified to include a roll in shower, lowered counters, automatic entry into the building, and doorways wide enough to accommodate a wheelchair. A special request form is required. PARTIALLY MODIFIED UNIT will have at least one of the following features: lowered counters, roll-under sinks, lowered light switches, front stove controls, lowered cabinets, modified bathroom. There may also be a number of other features not listed here. A special request form is required.
I understand that if I refuse three offers of housing, my transfer request will be cancelled.		
_____ Tenant Name (please print)	_____ Tenant Signature	
_____ Tenant Name (please print)	_____ Tenant Signature	
_____ Tenant Address	_____ Tenant Phone Number	

✓	Community Name	Address	# of Units	All Utilities Included	Building Type	Bedrooms	Fully Modified					Partially Modified					E
							Bedroom Sizes					Bedroom Sizes					
							1	2	3	4	5	1	2	3	4	5	
	ST. CATHARINES																
	FAMILY COMMUNITIES																
	Brackencrest	Brackencrest Road	6	No	SEMI	3											No
	Christopher	Christopher Street	40	No	SEMI	3,4											No
	Dundonald	Dundonald Street	16	No	DET	3,4,5											No
	Galbraith	Galbraith Street	24	No	SEMI	3,4,5											No
	Green Maple	Green Maple Drive	6	No	SEMI	3											No
	Manchester	45 Manchester Avenue	110	No	TH	3,4,5										✓	No
	Old Pine Trail	10 Old Pine Trail	80	No	TH	2,3,4											No
	Powerview	Powerview Avenue	8	No	SEMI	3,5											No
	Rykert	59 Rykert Street	120	No	TH	2,3,4											No
	St. Augustine	St. Augustine Drive	4	No	SEMI	3											No
	Wallace	Wallace Street	2	No	SEMI	5											No
	SENIOR COMMUNITIES																
	Carlton	479 A,B,C Carlton Street	212	✓	APT	1											✓
	Centre	14 Centre Street	133	✓	APT	1											✓
	Gale	15 Gale Crescent	197	✓	APT	1											✓
	ADULT COMMUNITIES																
	Scott	436, 438, 440, 442 Scott Street	48	✓	APT	B,1											No

