



TRANSFER REQUEST FORM

For NRH Tenants Only

Office Use Only

Complete this form and return it **one** of these ways:

By Mail:
 Niagara Regional Housing
 P.O. Box 344
 Thorold, ON L2V 3Z3
By Fax: 905-935-0476

In Person:
 Niagara Regional Housing
 Regional Admin Building
 Campbell East
 2201 St. David's Road, Thorold

| | |
|--------------------|----------------------|
| Address _____ | Unit # _____ |
| City / Town _____ | Postal Code _____ |
| Home Phone # _____ | Work Phone # _____ |
| Cell Phone # _____ | E-mail Address _____ |

HOUSEHOLD COMPOSITION

| List all members of the household here | | Student | | Sex | | Date of Birth | Status in Canada | | | | | |
|--|------------|---------|---|-----|---|---------------|------------------|------------------|--------------------|------------------|------------------|---------------|
| | | Y | N | M | F | | (MM/DD/YY) | Canadian Citizen | Permanent Resident | Refugee/Claimant | Landed Immigrant | Native Status |
| Last Name | First Name | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

HOUSEHOLD INCOME

| Tenant Name | Source of Income | Amount Received Monthly |
|-------------|------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

WHERE YOU LIVE NOW

| | | | | |
|--------------------------------|------------------------------------|------------------------------------|--------------------|---------------------------|
| House <input type="checkbox"/> | Townhouse <input type="checkbox"/> | Apartment <input type="checkbox"/> | Number of Bedrooms | Move In Date (MM/DD/YYYY) |
|--------------------------------|------------------------------------|------------------------------------|--------------------|---------------------------|

ACCOMMODATION REQUIRED

(Please use the attached Building Selection Form to choose the locations where you want to live)

| | |
|-----------------------------|----------------------------|
| Number of Bedrooms Required | Other Special Requirements |
|-----------------------------|----------------------------|

SPECIAL CIRCUMSTANCES

Are you in an abusive relationship which may qualify you for Special Priority status?
 (Request forms and documentation are required. Please see definition on the back of this form) Yes No

Are you in a situation which may qualify you for Health & Safety Priority status?
 (Request forms and documentation are required. Please see definition on the back of this form) Yes No

Is this an employment related transfer request?
 (Documentation is required. Please see definition on the back of this form) Yes No

Have you ever been transferred before?
 If yes, please explain _____ Yes No

Pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act, I give my consent and authorization to Niagara Regional Housing to make inquiries to verify the information given on this form and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to Niagara Regional Housing.

 Tenant Signature

 Date (MM/DD/YYYY)

 Tenant Signature

 Date (MM/DD/YYYY)

TRANSFER POLICY

Before your transfer request is processed, your unit may be inspected. Should any maintenance charges result from the inspection, you will be required to pay the maintenance charges in full before you will be offered a transfer.

You may apply for a transfer if you meet the criteria of any of the categories listed below.

MANDATORY CATEGORY

- SPECIAL PRIORITY** Special Priority as a Victim of Abuse is special consideration that may be given to an applicant whose personal safety or the safety of another household member is at risk because of abuse by someone with whom they live with or have lived with. This priority status is given in order to help the applicant separate from the abuser. Documentation is required. Unit inspection is not required. However, you will be responsible for any damages.
- OVERHOUSED** You currently occupy a unit that has more bedrooms than your household composition allows. Unit inspection is not required. However, you will be responsible for any damages.

LOCAL PRIORITY CATEGORY

- HEALTH & SAFETY** Health & Safety status is consideration that may be given to an applicant whose personal safety is significantly at risk (other than an abusive relationship). Documentation is required.
- You must have lived in your current accommodation for 12 (twelve) consecutive months
 - You must not have any arrears for 6 (six) consecutive months
 - You must not have received more than 2 (two) previous transfers
 - Unit inspection is required

- EMPLOYMENT** Employment related transfer requests to an alternate city within the Regional Municipality of Niagara will be permitted, however, this request must be supported by documentation including, but not limited to, a job offer letter, or a pay stub, etc.
- You must have lived in your current accommodation for 12 (twelve) consecutive months
 - You must not have any arrears for 6 (six) consecutive months
 - You must not have received more than 2 (two) previous transfers
 - You may not transfer to another unit within the same community
 - Unit inspection is required

- UNDERHOUSED** You currently occupy a unit that does not have enough bedrooms for your household composition.
- You must have lived in your current accommodation for 12 (twelve) consecutive months
 - You must not have any arrears for 6 (six) consecutive months
 - You must not have received more than 2 (two) previous transfers
 - Unit inspection is required

DISCRETIONARY CATEGORY

Discretionary transfers are those tenants who wish to move to an alternate location and do not meet the criteria for any of the above transfer categories. Unit inspection is required. **Discretionary transfers are subject to a non-refundable \$250.00 administration fee payable upon application. Transfer requests received without the non-refundable \$250.00 administration fee will not be processed.** Please do not mail cash.

Transfer requests within the same community will not be considered unless the move is intended to address a special need and/or would require a modified unit. A transfer to address a special need and/or to a modified unit will not be subject to the non-refundable \$250.00 administration fee.

| | |
|---|---|
| <p>Office Use Only</p> <p>Type of Transfer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Special Priority <input type="checkbox"/> Overhoused <input type="checkbox"/> Health & Safety <input type="checkbox"/> Employment <input type="checkbox"/> Underhoused <input type="checkbox"/> Discretionary | <p>Office Use Only</p> <p>Payment Received for Discretionary Transfer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Cash |
| <p>Transfer <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date (MM/DD/YYYY) _____ By _____</p> | |
| <p>Additional Comments</p> | |



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.

| | | |
|--|--|---|
| <p>Where would you like to live? You may select as many cities as you like.</p> <p> <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) </p> | <p>How many bedrooms do you require?</p> <p> <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 </p> | <p> APT Apartments SEMI Semi Detached Home TH Townhouses DET Detached E Elevator </p> <p>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.</p> <p>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.</p> |
| <p>I understand that if I refuse three offers of housing, my transfer request will be cancelled.</p> | | |
| <p>_____ Tenant Name (please print)</p> | <p>_____ Tenant Signature</p> | |
| <p>_____ Tenant Name (please print)</p> | <p>_____ Tenant Signature</p> | |
| <p>_____ Tenant Address</p> | <p>_____ Tenant Phone Number</p> | |

| ✓ | Community Name | Address | # of Units | All Utilities Included | Building Type | Bedrooms | Fully Modified | | | | | Partially Modified | | | | | E |
|---|---------------------------|---------------------------------|------------|------------------------|---------------|----------|----------------|---|---|---|---|--------------------|---|---|---|---|----|
| | ST. CATHARINES | | | | | | Bedroom Sizes | | | | | Bedroom Sizes | | | | | |
| | | | | | | | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | |
| | 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 |

RENT SUPPLEMENT PROGRAM

The communities listed on these pages are part of our rent supplement program. That means that we have agreements with the landlords of these buildings for a specific number of units, to offer rent-geared-to-income assistance to applicants. All of the units listed under the rent supplement program are rent-geared-to-income. If you wish to rent a market rent unit at these locations, you must contact the landlord directly.

All households can apply to live at any of these communities. Please place a ✓ next to the communities you are interested in.

Please **choose carefully** as you will only receive three offers of housing before your application is cancelled. You can change your housing selections at any time by contacting Niagara Regional Housing at 905-682-9201.

Any new selections will be subject to a new chronological date.

APT Apartments **TH** Townhouses
SEMI Semi Detached Home **DET** Detached Home
E Elevator

For definitions of Fully Modified, and Partially Modified Units see the Definition of Terms page of the application.

| ✓ | Address | # of Units | All Utilities Included | Building Type | Bed rooms | Parking Costs | Fully Modified | | | | | Partially Modified | | | | | E |
|---|-------------------------|------------|------------------------|---------------|-----------|---------------|----------------|---|---|---|---|--------------------|---|---|---|---|----|
| | | | | | | | Bedroom Sizes | | | | | Bedroom Sizes | | | | | |
| | | | | | | | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | |
| | ST. CATHARINES | | | | | | | | | | | | | | | | |
| | 100 Woodrow | 2 | No | APT | 1,2 | Included | | | | | | | | | | | No |
| | 14 Norris Place | 1 | No | APT | 1 | Extra | | | | | | | | | | | ✓ |
| | 15 King Street | 7 | No | APT | 1 | Extra | ✓ | | | | | | | | | | ✓ |
| | 151 James Street | 16 | ✓ | APT | 1,2,3 | Included | ✓ | | | | | | | | | | ✓ |
| | 17 Old Pine Trail | 19 | No | TH | 2,3 | Included | | | | | | | | | | | No |
| | 186 Ontario Street | 6 | ✓ | APT | 1,2 | Included | | | | | | | | | | | No |
| | 2 Weiden | 1 | No | TH | 3 | Included | | | | | | | | | | | No |
| | 234 Oakdale Avenue | 5 | ✓ | APT | 1 | Extra | | | | | | | | | | | No |
| | 25 Linfield Drive | 1 | No | TH | 3 | Included | | | | | | | | | | | No |
| | 27 Leaside Drive | 13 | No | APT | 1 | Extra | | | | | | | | | | | ✓ |
| | 3 Lowell Avenue | 5 | No | APT | 1 | Included | | | | | | ✓ | | | | | No |
| | 33 Leaside Drive | 2 | No | APT | 2 | Included | | | | | | | | | | | ✓ |
| | 351 Geneva Street | 17 | ✓ | APT | 1,2 | Extra | | | | | | | | | | | ✓ |
| | 359 Geneva Street | 1 | No | APT | 1 | Included | | | | | | | | | | | ✓ |
| | 36 Page Street | 10 | No | APT | 1 | Extra | | | | | | | | | | | ✓ |
| | 363 Geneva Street | 1 | ✓ | APT | 2 | Extra | | | | | | | | | | | ✓ |
| | 385 Vine Street | 23 | ✓ | APT | 1 | Included | | | | | | | | | | | ✓ |
| | 39 Leaside Drive | 5 | ✓ | APT | 1,2 | Extra | | | | | | | | | | | ✓ |
| | 41 Rykert Street | 1 | ✓ | APT | 1 | Included | | | | | | | | | | | No |
| | 44 Queenston Street | 1 | No | APT | 1 | Extra | | | | | | | | | | | No |
| | 49 Leaside Drive | 5 | ✓ | APT | 1 | Extra | | | | | | | | | | | ✓ |
| | 56 Windward Street | 5 | No | APT | 1 | Extra | | | | | | | | | | | ✓ |
| | 60 Windward Street | 1 | No | APT | 1 | Extra | | | | | | | | | | | ✓ |
| | 64 Roehampton Avenue | 12 | ✓ | APT | 1,2 | Included | | | | | | | | | | | ✓ |
| | 65 Dorchester Boulevard | 4 | No | TH | 3 | Included | | | | | | | | | | | No |
| | 70 Roehampton Avenue | 6 | ✓ | APT | 1,2 | Included | | | | | | | | | | | ✓ |
| | 80 Rockwood Avenue | 5 | ✓ | APT | 1,2 | Included | | | | | | | | | | | No |

