



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

In Person:

Niagara Regional Housing
Campbell East
1815 Sir Isaac Brock Way
Thorold, ON L2V 3Z3

By Fax: 905-935-0476

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

HOUSEHOLD COMPOSITION

List all members of the household here		Student		Sex		Date of Birth	Social Insurance Number
Last Name	First Name	Y	N	M	F	(MM/DD/YY)	000-000-000

Are you expecting? YES NO If yes, when is the baby due? _____

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) _____
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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 _____
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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 Urgent 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? Yes No
If yes, please explain _____

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

URGENT Urgent status is consideration that may be given to an applicant that has physical limitations and their health is significantly compromised because they are required to climb stairs to get to their unit. Urgent status may also be considered in situations causing extreme hardship where an applicant's situation puts them at extreme risk and relocation would reduce the risk and/or hardship.

- You must have lived in your current accommodation for 12 (twelve) consecutive months
- You must not have any arrears at the time of application or at the time of offer
- 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 at the time of application or at the time of offer
- 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 at the time of application or at the time of offer
- 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 and you must have lived in your current accommodation for 12 (twelve) consecutive months. **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"/> Urgent <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.

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 ACCESSIBLE 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 ACCESSIBLE 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 Accessible					Partially Accessible					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

