



NEW Location: Unit 201 – 106 Cumberland St. N., Thunder Bay, ON, P7A 4M2
Tel: (807) 343-9401 | Fax: (807) 345-1075
Website: www.nptbdc.org

INTERNAL TRANSFER REQUEST FORM

Tenant Name: _____ Co-Tenant Name: _____

Current Address: _____ Phone # _____

OTHER HOUSEHOLD DEPENDENTS:

FULL NAME (First and Last)	Date of Birth (DD/MM/YYYY)	RELATIONSHIP TO TENANT (son, nephew, etc.)

REASON FOR TRANSFER REQUEST

(SEE GUIDELINES ON BACK OF THIS PAGE)

- Underhoused
 Overhoused
 Medical / Disability*
 Transportation
 Social Concerns
 Low End Market (LEM)

DO YOU HAVE A LOCATION PREFERENCE? No Yes ** If "Yes", please select from below:

- McIntyre
 Current River
 Red River
 Northwood
 McKellar
 Westfort

** Please note that choosing specific locations cannot be guaranteed and will increase your waiting time.

PLEASE PROVIDE DETAILS OF THE REASONING FOR YOUR TRANSFER REQUEST:

Tenant Signature

Co-Tenant Signature

Date

INTERNAL TRANSFER GUIDELINES

Internal Transfer requests are reviewed on a case-by-case situation and some of the requirements are:

1. the Tenant household has been living in their current rental accommodations for a minimum of twelve (12) consecutive months, **2.** the Tenant account must not be in arrears, including rent and/or TCB's, for a minimum of six (6) consecutive months, and **3.** the current rental accommodations must be in a good and rentable condition to accommodate a quick turn-over, before request.

REASONS FOR INTERNAL TRANSFER REQUEST

Underhoused / Overhoused

- Whether a Tenant is **underhoused** (*not enough space*), when joined by additional family members, provided they are not foster children, or **overhoused** (*too much space*) based on the current family composition.
- Occupancy Standards outline that there should be no more than two (2) persons to a bedroom - no consideration will be made regarding the age of children sharing a bedroom, other than children of the opposite sex should not be required to share a bedroom over the age of six (6).
- Birth of a child, not of the same gender, since becoming a Tenant occurs. If the child is born before the twelve (12) consecutive months of tenancy, which is a requirement before a transfer can take place, the family will have to wait until such time to qualify for a transfer.

*Medical / Disability

- Copy of the Physician's Report Form is required to be completed by the Tenant's Attending / Family Physician and submitted with the transfer form if a request for alternate accommodations is because of health and/or medical concerns.
- Medical documentation must outline the nature of the medical problem, the degree of its severity and provide clear evidence that the Tenant's condition has been adversely affected or aggravated by the present accommodations.

Transportation

- Work related transportation difficulties must be present and only if the Tenant has demonstrated job stability; having the same employer for a minimum of six (6) months and that the job-related transportation is either considered excessive or unavailable when required.
- All requests must have supporting documentation of the need for transferring to a specific location (*city ward*) and that alternative means of transportation have been investigated.

Social Concerns

- Social concerns will not be considered a priority for a transfer, except in severe or extraordinary cases where the safety of the Tenant household is at risk.

Low End Market (LEM)

- For Tenant households that no longer qualify for their current rental unit under subsidized rent, primarily due to exceeding the Household Income Limits (HILs) of the Housing Program Guidelines and Operating Agreements.

If you have any questions regarding this information, please contact the Tenant Placement Worker.