



# Native People of Thunder Bay Development Corporation

Charitable Organization, Business No. 10776 5075 RR0001

Housing Program: 230 Van Norman Street, Thunder Bay, ON. P7A 4B8  
Telephone: (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 MEMBERS:**

NAME (First and Last)	D.O.B. (DD/MM/YYYY)	RELATIONSHIP TO TENANT

**REASON FOR TRANSFER REQUEST - Please select one:**

*(SEE GUIDELINES ON BACK OF THIS PAGE)*

- Under-housed   
 Over-housed   
 Medical/Disability\*   
 Transportation   
 Social Concerns  
*(\*Attending Physician's Form Required)*

- Apartment Size\*\*  
*(\*\*ONLY for Tenants of 529 Leslie Avenue, 14 Regent Street, or 52 Walkover Street)*

- 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 PROVIDE DETAILS FOR YOUR REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Co-Tenant Signature

\_\_\_\_\_  
Date

## INTERNAL TRANSFER GUIDELINES

Transfer requests are reviewed on a case-by-case situation and some of the requirements are: **1.** the Tenant 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 (rent and/or TCB's) for a minimum of six (6) consecutive months, and **3.** the current rental accommodations must be in good and rentable condition, before request.

### REASONS:

#### Under-housed / Over-housed

- Whether a Tenant is under-housed (*overcrowded*), when joined by additional family members (provided they are not foster children), or over-housed (*too much space*) based on the current family composition.
- Occupancy Standards clearly 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.

#### Medical

- A request for alternate accommodations because of health/medical concerns must have medical documentation indicating the nature of the problem, the degree of its severity and how it has been aggravated by the present accommodation.
- Medical documentation must outline these details, providing clear evidence that the Tenant's condition has been adversely affected by the present accommodations.
- Copy of the Attending Physician's Report Form is available in office and online.

#### 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 unusual cases.

#### Apartment Size

- ONLY applies to Tenants of 529 Leslie Avenue, 14 Regent Street, or 52 Walkover Street.
- 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 the requirement before a transfer can take place, the family will have to wait until such time to qualify for a transfer.

#### 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.

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