
Victoria Shuter Non-Profit Housing Corporation

APPENDIX 1: INTERNAL TRANSFER REQUEST

Name of tenant(s) _____

Present address _____

Phone _____

Other household members

	Name	Relationship to Applicant	Date of Birth
1			
2			
3			
4			

Length of time in present accommodation _____

Reasons for wishing to transfer (**provide details**):

☐ your unit is unliveable: _____

☐ substantial family abuse

☐ current rent unaffordable

☐ Medical condition or disability makes your current unit inaccessible, or the unit aggravates the condition, or prevents or substantially increases the cost of treatment.
(Please include Appendix 4: Medical Confirmation for an Internal Transfer and/or Appendix 5: Medical Need for an Additional Bedroom)

☐ unit is too small

☐ other reason:

Type and size of unit needed: _____

Tenant(s) Signature(s)

Date