



**Community and Social Services Division
Housing Department**

REQUEST FOR INTERNAL TRANSFER

Once a household has accepted a rent-geared-to-income (RGI) unit within the United Counties of Leeds and Grenville, they are removed from the centralized waiting list. Any household wishing to transfer from one RGI unit to another RGI unit within the Counties public housing portfolio must meet the following conditions:

- Has occupied the current unit for at least 18 months;
- Continue to meet all of the eligibility criteria for rent-geared-to-income assistance;
- Has had no arrears of rent in the last 12 months;
- Has not received a notice of early termination of the tenancy for any reason in the last 12 months;
- Does not owe any other monies related to their tenancy to the Counties Housing Department;
- Has no history of disturbing neighbours, harassing staff or others in the complex, or staff intervention;
- Maintains their current unit at an acceptable standard of housekeeping/repair.

Special Priority and Over-housed households have priority on the internal transfer list. All other approved internal transfer requests will be ranked by the date of the transfer request and will be offered alternately with applicants on the centralized waiting list or at the discretion of the housing provider.

A transfer fee of \$250.00 is payable in advance of the transfer.

Name of applicant(s):			
Present address:		Phone:	
Length of time in present accommodation:			
Locations you would accept a transfer to:			
Reason for requesting transfer:			
Size and type of unit requested:			
Signature of Tenant		Date	
Signature of Tenant		Date	



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<i>Office Use Only</i>	
A completed Internal Transfer Checklist must be attached to this Request.	
<u>Case Manager Recommendations:</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Category: <input type="checkbox"/> SPP <input type="checkbox"/> Overhoused <input type="checkbox"/> Urgent <input type="checkbox"/> Under-housed <input type="checkbox"/> other
Program Supervisor: _____	
_____	_____
Program Supervisor Signature	Date