

# HYI - Request for Internal Transfer

Appendix 1

TENANT(S) NAME \_\_\_\_\_

Current Address:	Move In Date:
_____	Current # Bedrooms:
_____	Phone Number:
_____	_____

Other household members (if applicable):

Name	Relationship to Tenant	Birth date
1.		
2.		
3.		
4.		
5.		
6.		

Reason for transfer (please check any that apply):

<input type="checkbox"/> Victim(s) of abuse	<input type="checkbox"/> Underhoused (need more bedrooms)
<input type="checkbox"/> Overhoused (require less bedrooms)	<input type="checkbox"/> Medical Need (Medical Verification Form)

Other reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type, location and size of unit needed: \_\_\_\_\_

\_\_\_\_\_

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

**Please send this request to Housing York Inc. Transfer Committee, 1091 Gorham Street, Newmarket, On L3Y 8X7**

<b>Office Use Only:</b> Initial Move-in date: _____ Over Housed: Yes or No
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