## **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   |  | ionship to Tenant   | Birth date      |
| 1.   |  |                     |                 |
| 2.   |  |                     |                 |
| 3.   |  |                     |                 |
| 4.   |  |                     |                 |
| 5.   |  |                     |                 |
| 6.   |  |                     |                 |
| Reason for transfer (please check any that apply):   |  |                     |                 |
| ☐ Victim(s) of abuse ☐ Underhoused (need more bedrooms)  |  |                     |                 |
| Overhoused (require less bedrooms)   |  |                     |                 |
| Other reason:  |  |                     |                 |
|  |  |                     |                 |
|  |  |                     |                 |
|  |  |                     |                 |
| Type, location and size of unit needed:  |  |                     |                 |
|  |  |                     |                 |
| Tenant Signature   |  | Date                |                 |
| Please send this request to Housing York Inc. Transfer Committee, 17150 Yonge Street, 5th Floor, Newmarket, ON L3Y 8V3 |  |                     |                 |
| Office Use Only:   |  | Over He             | ood, Voo or No  |
| Initial Move-in date:  |  | Over Hou            | used: Yes or No |