

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

Office Use Only: Initial Move-in date: _____ Over Housed: Yes or No
