



Community Services and Housing Department
Housing and Residential Services Division

Over-housed Household Report

Please fax the completed form to the Housing Access Unit, at (905) 830-5023, attention Supervisor.

***Note: over-housed transfer rules do not apply to households eligible for special needs housing.**

Please print clearly and fill out all sections

Housing Provider: _____ **Date:** _____

Household Information	
Household Members (<i>list current members only</i>)	Relationship (<i>e.g. spouse/parent/child</i>)

- 1) Is any member of the household pregnant? Yes No
- 2) Has an additional bedroom been approved to accommodate a medical condition or disability? (*If yes, attach verification of eligibility.*) Yes No
- 3) Has an additional bedroom been approved to accommodate a child who is not a member of the household but for whom a member of the household has shared custody or visiting rights? (*If yes, attach verification of eligibility.*) Yes No
- 4) Household's original date of application for RGI assistance: _____
- 5) Current Unit Size: _____ Eligible Unit Size(s): _____
- 6) Current Unit Address: _____
- 7) Date you gave the household a written notice stating they are over-housed and required to transfer to an appropriate size unit: _____

Completed by: _____ (Print Name) _____ (Signature)

*** Attach a completed application and building selection form**