

# TRANSFER REQUEST FORM

## How to fill out this form:

1. Complete all sections applicable to your household.
2. Attach any documentation you have to support your request.
3. Submit your application to the appropriate TCHC staff (as specified in Sections 2 & 3 below).

If you need this information in an alternative format or another language, please contact the Client Care Centre at 416-981-5500.

For more details about the different reasons for a transfer, please speak with your local Operating Unit Staff or the Client Care Centre.

## PART 1 – HOUSEHOLD INFORMATION

Address	Unit #	Current No. of Bedrooms	Client Account #

## Leaseholder Information

First Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N (prefer not to identify)	Date of Birth (mm/dd/yyyy)	Signature
				Date Signed (mm/dd/yyyy)
Day Phone	Evening Phone	Cell Phone	Email Address	

Are all of the phone numbers/email listed safe ways to contact you?  Yes  No

If no, please provide a safe contact number to reach you at: \_\_\_\_\_

## Other Leaseholders or Occupants

First Name	Last Name	Gender	DOB (mm/dd/yyyy)	Relationship to Leaseholder	Signature (if Leaseholder)
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N			

**Other Leaseholders or Occupants (continued)**

First Name	Last Name	Gender	DOB (mm/dd/yyyy)	Relationship to Leaseholder	Signature (if Leaseholder)
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N			

Do any household members have an accessibility or accommodation requirement?  
 Yes  No      If yes, please complete the Medical Questionnaire.

**Alternative Contact: If you cannot be contacted, who would you like Toronto Community Housing to contact?**

First Name	Last Name	Day Phone	Evening Phone

**PART 2 – REASON FOR TRANSFER (CHECK ONE)**

Please complete this section only if you have a crisis or accessibility/accommodation request. Once submitted, the Intake Specialist will work with you to complete your application and gather the required documentation. If approved, the Intake Specialist will identify and offer up to three suitable transfer locations.

**Crisis – Victim suffering intimidation.** For households where a law enforcement agency confirms the tenant or authorized household member is the victim of persistent intimidation or threats of violence to a degree that their life is at risk should they continue to live in their unit. The intimidation must have occurred no more than 3 months prior to the request for transfer.

**Crisis – Witness suffering intimidation.** For households who are cooperating with Toronto Police Service or another law enforcement agency in active law proceedings or an active investigation where, as a result of their cooperation, law enforcement anticipates they will suffer threat of physical injury. The intimidation must have occurred no more than 3 months prior to the request for transfer



- Crisis – Victim of a traumatic incident on the residential complex where they reside.** The tenant or authorized member of the household has been the victim of a traumatic incident on the residential complex. The traumatic incident must have occurred no more than 6 months prior to the request for transfer.
- Crisis – Witness of a traumatic incident in their unit.** The tenant or authorized member of the household has witnessed a traumatic incident in their unit. The traumatic incident must have occurred no more than 6 months prior to the request for transfer.
- Crisis – Witness of another household member suffering a traumatic incident on the residential complex where they reside.** The tenant or authorized member of the household has witnessed another household member suffering a traumatic incident on the residential complex where they reside. The traumatic incident must have occurred no more than 6 months prior to the request for transfer.
- Accessibility/Accommodation.** The tenant or authorized household member is requesting accommodation based on a *Human Rights Code* identified need where nothing short of a move to another unit will result in the household being able to perform their activities of daily living.

**Please provide more details about the reason you are requesting a transfer:**

**Note:** for all reasons for transfer listed in this section, either submit your application to your **local Operating Unit office** or mail it to **931 Yonge Street to the attention of an Intake Specialist.**

**PART 3 – REASON FOR TRANSFER (CHECK ONE)**

Please complete this section to the best of your ability only if you are in an overhoused or underhoused situation. Once submitted, your local Operating Unit staff will handle your application.

- Overhoused transfer.** A household that is living in a unit that has one or more bedrooms than they are eligible for.
  
- Underhoused transfer.** A household that is living in a unit that is too small by two or more bedrooms based on the City of Toronto’s social housing Occupancy Standards.

**Note:** for all reasons for transfer listed in this section, submit your application to your **local Operating Unit office.**

**Tenant Consent**

By signing this form above, I understand that Toronto Community Housing Corporation requires the personal information requested on this form to determine my eligibility for a transfer. I consent to Toronto Community Housing Corporation using, verifying, disclosing and retaining this information, my application and any supporting documentation on my housing file to the extent it is necessary in order to respond to my request for transfer and for related tenancy purposes. For clarity, disclosure outside of Toronto Community Housing is likely to be the City of Toronto for unit size/Occupancy Standards compliance and similar issues. If Toronto Community Housing needs to share this form with other third parties, it will seek consent in advance. I understand that Toronto Community Housing will not directly contact any third party without my prior consent and I consent to this disclosure.

If the reason for transfer relates to a household member who is under 18 or unable to provide consent in writing by reason of physical or mental disability, the consent must be signed by the household member’s parent, legal guardian, trustee, or power of attorney for property.

The personal information on this form is collected under the authority of the *Human Rights Code*, RSO 1990, c H19 including sections 10, 11 and 17 of that act; the *Housing Services Act, 2011*, SO 2011, c 6 Sched 1 including section 176 of that act and O Reg 367/11 including section 47(1) 5 of that regulation; and/or the *Residential Tenancies Act, 2006*, SO 2006, c 17 including section 10 of that act, and will be used only as is necessary for the purposes of determining an applicant’s eligibility for the purposes of determining an applicant’s eligibility for a transfer to another unit. If you

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have any questions about the collection of this information, please contact Toronto Community Housing's Legal Services Division at 931 Yonge Street, Toronto, ON, M4W 2H2, or 416-981-5500.