



INTERNAL TRANSFER APPLICATION

Applicant Information		
Applicant Name	Date of Birth	
Co-Applicant Name	Date of Birth	
Current Address		
Phone:	Email:	
Other Household Members		
Name	Relationship	Date of Birth
Name	Relationship	Date of Birth
Name	Relationship	Date of Birth
Name	Relationship	Date of Birth
Transfer Request Information		
When did you move in to your current unit?	mm/yyyy	
Reason for Transfer:		
Current Unit Bedsize	<input type="checkbox"/> Bachelor <input type="checkbox"/> 1 Bed <input type="checkbox"/> 2 Bed <input type="checkbox"/> 3 Bed <input type="checkbox"/> 4 Bed <input type="checkbox"/> 5 Bed	
Requesting Bedsize	<input type="checkbox"/> Bachelor <input type="checkbox"/> 1 Bed <input type="checkbox"/> 2 Bed <input type="checkbox"/> 3 Bed <input type="checkbox"/> 4 Bed <input type="checkbox"/> 5 Bed	
If underhoused due to an upcoming pregnancy	Due Date:	
Do you require a ground floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require a wheelchair accessible apartment?	<input type="checkbox"/> Yes - medical documentation required <input type="checkbox"/> No	
Signatures		
Applicant	Date	
Co-Applicant	Date	
Questions 1 - 5 below to be completed by PHC Manager or Rent Supplement Landlord, if you are a tenant within this program. The following eligibility criteria and one year rule will be waived if the household is overhoused.		
1 12 Month Residency Requirement Met	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 Current Arrears	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Eviction Notice Issued	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Social Issues (harassing/disturbing behaviour)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5 Condition of Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> SPP <input type="checkbox"/> Market to RGI <input type="checkbox"/> Overhoused <input type="checkbox"/> Urgent Medical <input type="checkbox"/> Urgent Other <input type="checkbox"/> Underhoused <input type="checkbox"/> Other		
Landlord Signature:	Phone:	Date:
PHC Manager Signature		Date:

Yardi CA Input: _____ Yardi PM Input: _____ Letter Sent: _____



INTERNAL TRANSFER APPLICATION

Housing Selections: Check all that you would like to be considered for.		Unit Sizes Available						
Check box		Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom	Accessible
Peterborough Family Communities								
	Rent Supplement		√	√	√			
	290 Parkhill Road East			√	√	√	√	
	999 Hilliard Street			√	√	√	√	
	1190 Hilliard Street				√	√		
	117 Herbert Street			√	√			√
	101 - 121 Anson Street				√			
	665 Crawford Drive			√	√	√		
	835, 817 - 819 Cameron Street			√	√	√	√	
	30 Alexander Avenue			√	√	√	√	
	372 - 386 Parkhill Road West				√			
	850 Fairbairn Street			√	√	√		
	543 - 565 Raymond Street				√	√		
Rural Housing								
	12 Simeon Crescent, Apsley		√					√
	37 George Street, Havelock		√					
	24 Ermatinger Street, Lakefield		√					√
	53 Spring Street, Norwood		√					
Peterborough and Rural Senior								
	169 Lake Street. Peterborough (Age 60+)		√					
	611 Rogers Street, Peterborough (Age 60+)		√					
	486 Donegal Street, Peterborough (Age 60+)		√					√
	85 Concession Street, Lakefield (Age 60+)		√					
	8 Victoria Street, Havelock (Age 60+)		√					