

**CAMBRIDGE NON-PROFIT HOUSING CORPORATION
TRANSFER REQUEST**

YOU MAY APPLY FOR A TRANSFER IF:

- You have lived at least 12 months in your present home as a tenant in good standing, and
- You have maintained a good rent payment record (your account will be reviewed for the last 12 months), and
- You fix or cover the cost of fixing any damage or repairs needed beyond normal wear and tear in your present unit, and
- You are not under a current eviction notice
- OR YOU MUST MOVE URGENTLY BECAUSE OFFINANCIAL HARDSHIP, A DISABILITY OR A SERIOUS MEDICAL PROBLEM** (verification and support documents are required).

YOUR NAME MUST BE ADDED TO THE INTERNAL TRANSFER WAITING LIST IF YOU ARE OVERHOUSED AND RECEIVE A RENT SUBSIDY. AFTER ONE YEAR ON THE INTERNAL TRANSFER WAITING LIST, THOSE WHO ARE OVERHOUSED MUST APPLY FOR TRANSFER THROUGH THE REGION OF WATERLOO COORDINATED ACCESS SYSTEM (ROWCAS). FAILURE TO DO SO WILL LEAD TO LOSS OF ELIGIBILITY FOR RENT SUBSIDY.

SECTION 1

NAME		Home Phone:	
ADDRESS		Work Phone: (if you can accept calls)	
No of Bedrooms:	Rent:	Move In Date:	

Have you previously been transferred? Yes No If yes, why?

MEMBERS OF HOUSEHOLD WHO WILL LIVE IN REQUESTED UNIT

NAME	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	SOURCE OF INCOME	GROSS MONTHLY INCOME (\$)

Are you expecting a child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date expected	TOTAL GROSS MONTHLY INCOME:
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SECTION 2

WHAT KIND OF HOUSING DO YOU NEED?

I (we) request a transfer to the location(s) as specified below:

- 18-22 Borden St. 70 Elgin St. 325 Myers Rd. 182 Queen St. W. 50 Mullin Cr.
- 75 Anglerock Dr. 650 Eagle St. N. (Seniors) 263 St. Andrew's Street (Seniors)
- 565 Margaret St. (Seniors)

Do you require Wheelchair Accessibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Bedrooms Required:	# of Parking Spaces Requested:	Type of Unit Requested: Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/>
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Are stairs a problem? Yes (If yes, a completed Cambridge Non-Profit medical form is required) No

Other needs (please be specific):

SECTION 3

WHY DO YOU WANT TO MOVE? (Please enclose the required letters of support, if applicable)

Please explain in full detail the reason(s) a transfer is required (attach separate sheet if necessary).

APPLICANT 1 SIGNATURE	DATE
APPLICANT 2 SIGNATURE (if applicable)	DATE

* Applicant(s) wishing to transfer to other Not-for-Profit units in Waterloo Region must complete a ROWCAS application. For more information call 575-4833.

COPY OF APPLICATION RECEIVED BY TENANT(S) _____ (Tenant Initials)