

TRANSFER REQUEST

Eligibility

Request for transfer will be accepted providing:

- The tenant(s) have resided in their current unit for a minimum of one year;
- Paid their rent in full and on time for the previous six months prior to submitting an application;
- The tenant(s) have no outstanding charges on their account including rent, parking, maintenance and bank service charges;
- The tenant(s) have maintained their unit in a clean, tidy and undamaged condition;
- The tenant(s), their children and guest's conduct has not resulted in a warning letter from the Housing Corporation in the previous six months;
- The tenant(s) meets one of the following transfer reasons

Transfer Reasons

Medical Need

The unit presently occupied by the tenant is (or will become) injurious to the health of the tenant or to a member of their household. The tenant has a CRHC Medical Documentation form completed by a medical practitioner indicating how a move will improve or alleviate their medical condition. Costs associated with the completion of the Medical Documentation form are the tenant's responsibility.

Safety Concerns

Continued residence in a unit or vicinity will put the well-being of the tenant or a member of their household at serious risk from trauma, violence and/or harassment. Police, medical or professional victim services must support these circumstances in writing.

Inappropriate Unit Size for Household

A change in the household composition has resulted in the unit being too big (over housed) or too small (under housed) for the household. National Occupancy Standards apply: dependent people aged 12 years of age or older do not share a bedroom and dependents of the opposite gender aged 5 and older do not share a bedroom.

Subsidized Income Increases

Tenants in receipt of a rent subsidy can apply for a transfer to a market unit if their income increases above the Household Income Limits however not above the maximum income for our low end market units.



Transfer Request

Current Tenant Information

Full Tenant Name: _____
Last *First*

Address: _____
Apartment/Unit # *Street Address*

City *Province* *Postal Code*

Home Phone: _____ Alternate Phone or Message Number: _____

Email _____

Household Composition

Full Name	Birthdate d/m/y	Gender	Relationship to Tenant	Type of Disability (if any)	Wheelchair Requirements
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

Transfer Reason

1 – Medical Need (see page 1 for required documentation)	2 – Safety Concerns (see page 1 for required documentation)	3 – Inappropriate Unit Size for Household	4 – Subsidized Income Increases

Pets

Dogs are not permitted on the property at any time unless they are certified assistance dogs.

Some of our communities permit one indoor spayed/neutered cat. You must have prior written permission from the Corporation before adopting a cat. Please contact the office to ask about the rules in your building. Please see your tenancy agreement for more information.

Do you have any household pets? Yes (It is important that you list all pets)

Number of pets _____

Type of pet/s _____

Are you willing to relocate your pet/s? (If any) Yes No

Location Preferences

Please list the locations or specific buildings to which you would like to transfer. For specific buildings go to the CRHC website: www.crd.bc.ca/crhc

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Tenant Signature

Date

Tenant Signature

Date



MEDICAL DOCUMENTATION FORM REQUEST FOR ALTERNATE ACCOMMODATION

Please submit this form to your Doctor for completion. Please note that Capital Region Housing Corporation is not responsible for any costs associated with the completion of this form.

Capital Region Housing Corporation to complete this section

Tenant Name: _____

Tenant Address: _____

Tenant Phone: _____

Dear Physician:

Your patient presently resides in a _____ unit.

To qualify for a medical transfer, Capital Region Housing Corporation requires the tenant to provide documentation verifying that due to a medical condition, the tenant can no longer live satisfactorily in their unit. Continued residency in the unit currently occupied by the tenant is – or will become – injurious to the health of the tenant.

Please complete the following section and return the form to the patient. You may also fax or email Capital Region Housing Corporation at the number and email address provided below.

THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

Physician to complete this section

Note: Costs associated with the completion of this form will be the patient's responsibility.

Please Print or Type

1. What medical or mental health condition necessitates a transfer to an alternate unit for your patient?

2. What has changed regarding your patient's medical or mental health condition that prompts the current need for a transfer?

3. What unit specific factors exacerbate the tenant's medical condition or adds to his/her illness?

4. Is this an urgent medical need? Yes ___ No ___ If yes, please explain.

5. Please explain how your patient's moving to an alternate unit will improve or alleviate their medical condition. Can you suggest other recommendations to improve or alleviate your patient's condition?

Please attach additional paper for a longer explanation if required.

Physician's Signature	Date	Phone	Office Stamp
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Please fax completed form to CRHC at 250-361-4970

OR

Please email completed form to CRHC at crdhousing@crd.bc.ca