

TRANSFER REQUEST

Eligibility

Requests for a transfer will be accepted providing:

- The tenant(s) have resided in their current unit for a minimum of one (1) year; and
- · Their tenancy is in good standing; and
- There are no outstanding debts, including chargebacks, rent arrears or audit arrears; and
- The tenant(s) are still eligible for housing; and
- The tenant(s) meet one of the Transfer Reasons below.

Transfer Reasons

1. 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 must provide a BC Housing Medical Documentation Form or letter completed by a medical practitioner indicating how a move will improve or alleviate their medical condition. Costs associated with the completion of medical documentation are the responsibility of the tenant(s).

2. Unreasonable Distance to Work or School:

Following the date of occupancy, the tenant's school or place of employment has changed such that transportation is either unavailable when required, or is in excess of three (3) hours round-trip. For distance to work, the tenant must demonstrate job stability, and a **letter of verification of employment must be provided**. For distance to school, the tenant must provide **proof of enrollment in full-time attendance at an educational institution**. Full-time attendance means a minimum of nine units of study equaling a minimum of nine hours per week, and the program must have a minimum duration of six months in a twelve-month period.

3. Social Conflict:

Continued residence in the unit, or vicinity, will put the well-being of the tenant, or a member of their household, at serious risk from trauma, violence, harassment, or other undesirable consequences. Police or an appropriate community resource agency must support these circumstances in writing.

4. 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. Refer to page 4 for the National Occupancy Standards.



Office Use Only	
Transfer #:	Date:

TRANSFER REQUEST

PLEASE PRINT OR TYPE CLEARLY

For assistance in completing this form, please contact your Regional Office (refer to page 4 for contact information).

A. Current Tenant Information:								
LAST Name of Tenant			FIR	ST Name of	Tenan	t		
Current Address (suite, house number,	street, city, province	e, postal c	ode (includ	ling mailing a	addres	s if different))		
Home Phone	Work Phone			l N	Message Phone			
B. Household Composition:						ousehold who will be l		
	If there are more th sheet.)	ıan 8 peo _l	ole in your	household, a	attach	the extra names on a	separate	
	Birth Date		Gender	Relations	shin	Type of Disability	Wheelchair	
Full Name (last name first)	d/m/y	Age	(M/F)	to Tena		(if any)	Requirements	
1				TENANT				
2								
3								
4								
5								
6								
7								
8								
C. Pets:								
Do you have any household pets? Yes (It is important that you list all pets) Number of pets:								
Do you have a dog?	Yes Breed(s) of d	log:						
Is your dog certified under the Guid	e Dog and Service	Dog Act?	☐ Yes	(Please attac	ch cop	y of Security Program	s certificate.)	
Other pets? (Please indicate types and quantities)								
Are you willing to give up your pet (if any)? Yes No If Yes, which one(s)?								
D. Transfer Reason:								
	selecting one (1) of	the follow	vina four Ti	ransfer Reas	sons.		1	
Please indicate your transfer reason by selecting one (1) of the following four Transfer Reasons: 1-Medical Need 2-Distance to Work or School 3-Social Conflict 4-Inappropriate Unit Size								
Refer to page 1 for descriptions of the transfer reasons. Transfer requests under reasons 1, 2 and 3 require supporting documentation.								
Trailer to page 1 for descriptions of the trailer reasons. Trailer requests under reasons 1, 2 and 3 require supporting documentation.								
Comments: (Please provide additional information on your need to transfer, including if you have any special requirements that should be taken into consideration. For example, wheelchair accessible, no stairs).								

E. Preferred Locations: Please list the cities, towns or specific buildings to which you would like to transfer. For specific buildings, list the Housing Registry Code by referring to the "How to Apply" and the "Housing Registry Code" columns in the housing listings. Examples of the Housing Registry Code are: AGI, CAD or 130. If you require a smaller unit because you are currently over-housed, you must select a minimum of three (3) developments.									
F. Declaration: Please read and sign this statement.									
 all the infor I/We authorize, pu The Housir any person assessmen members of credit and of housing; 	, corporation or social at of my/our application of The Housing Regist other tenancy informa	om of Information and inquiries that are reported to release to the reported to receive and exception about me/us, to be	nd Protection of P necessary to verify o The Housing Regi hange with credit b be used in the decis	rivacy Act (the information stry any information ureaus and mysion-making properties.)	n given in this application; nation pertinent to the y/our previous landlords rocess to provide me/us with				
 Ministry of Social Development and Poverty Reduction to release information to The Housing Registry regarding my/our income. I/We understand that: in accordance with section 33.2(a) of the FOI Act, the information on this application may be shared with other affordable housing providers in order to increase my/our opportunities for rent-geared-to-income housing; this application does not constitute any agreement on the part of The Housing Registry or its members to provide me/us with housing; that if I/we are being considered for an available unit, housing providers will gather additional information in order to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide or cause to be provided information requested to assist with this assessment; it is my/our responsibility to advise BC Housing of any changes to the information given in this application and to provide any supporting materials required; BC Housing may limit the number of offers of alternate accommodation and has the option to cancel my/our Transfer Request if I/we refuse a unit without sufficient cause or reason; prior to confirmation of a transfer, a pre-move-out inspection of my/our current unit may be completed and, if the current unit is in an unacceptable condition, it could result in cancellation of the Transfer Request. Signature of Tenant Date 									
G. Office Use Only:									
	pperty No.	Occupancy Date	Current U	nit Size	Required Unit Size				
Empty Nester:	☐ Yes ☐ No		nant must be over 45		elect at least 3 developments.				

Empty Nesters

If a family composition change arises and it results in a single tenant residing alone in a family unit, the tenant may be eligible to apply for a transfer as an "empty nester." The single tenant must have resided in the unit for a minimum of one (1) year and must meet the following basic criteria:

- Be 45 years of age or older; or
- If under 45 years of age, must qualify as a person with a disability.

If the tenant meets the above criteria, they will be eligible to apply to a bachelor or a one-bedroom unit. The tenant must complete a Transfer Request form within three (3) months of becoming over-housed, and identify a minimum of three (3) developments to which they are willing to relocate.

If the above criteria of an "empty nester" are not met, single tenants in over-housed situations will be issued a ninety (90) day Notice to End their tenancy.

National Occupancy Standards

Due to the limited supply of affordable housing, the following standards are applied to ensure households are placed, wherever possible, in a unit with the correct number of bedrooms for the size of their household:

- No more than two and no less than one person per bedroom.
- Couples and spouses share a bedroom.
- Parents do not share a bedroom with their children.
- Dependent people aged 18 or older do not share a bedroom.
- Dependents of the opposite gender aged five and older do not share a bedroom.

Single tenants are considered to be adequately housed in a bachelor unit.

Request to transfer part of a household

Request to transfer one or more tenants in a household to a new unit, while the remaining tenants continue to reside in the current unit, may be considered. Both the transferring household and the household remaining in the current unit must have lived in the unit for a minimum of one year and meet the basic eligibility requirements for applying for housing.

Contact Information

Tenants living in developments managed by BC Housing should forward their completed Transfer Request form to the attention of their Property Portfolio Manager at the nearest BC Housing regional office:

Lower Mainland Directly-Managed Office

510 – 369 Terminal Avenue Vancouver, BC V6A 4C4 Phone: 604 609-7024

Vancouver Island Region Office

201 – 3440 Douglas Street Victoria, BC V8Z 3L5 Phone: 250 475-7550 Toll-Free: 1-800 787-2807 Interior Region Office

451 Winnipeg Street
Penticton, BC V2A 5M6
Phone: 250 493-0301
Toll-Free: 1-800 834-7149

Northern Region Office

1380 2nd Avenue

Prince George, BC V2L 3B5 Phone: 250 562-9251 Toll-Free: 1-800 667-1235

Tenants outside the Lower Mainland living in developments managed by non-profit societies, or members in a co-operative, should forward their completed transfer request form to the nearest regional office. Non-profit tenants and co-operative members living in the Lower Mainland should forward their form to:

Home Office

101 – 4555 Kingsway, Burnaby, BC V5H 4V8 Phone: 604 433-2218 Toll-Free: 1-800 257-7756