



Office Use Only
Transfer Number: _____ Date: _____

(PLEASE PRINT OR TYPE CLEARLY)

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

A. Current Tenant Information:

LAST name of tenant		FIRST name of tenant
Current Address (suite, house number, street, city, province, postal code (including mailing address if different))		
Home Phone	Work Phone	Message Phone

B. Household Composition: (List yourself on line 1, then list all other persons in your household who will be living with you. If there are more than 8 people in your household, attach the extra names on a separate sheet.)

	Full Name (last name first)	Birth Date d/m/y	Age	Gender (M/F)	Relationship to Tenant	Type of Disability (if any)	Wheelchair Requirements
1					TENANT		<input type="checkbox"/> Yes
2							<input type="checkbox"/> Yes
3							<input type="checkbox"/> Yes
4							<input type="checkbox"/> Yes
5							<input type="checkbox"/> Yes
6							<input type="checkbox"/> Yes
7							<input type="checkbox"/> Yes
8							<input type="checkbox"/> Yes

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 If yes, indicate which type or breed of dog _____

Other pets? (Please indicate) _____ Are you willing to give up your pet? (if any) Yes No

D. Transfer Reason:

Please indicate your transfer reason selecting **one** (1) of the following four (4) Transfer Reasons:

1-Medical Need 2-Distance to Work or School 3-Social Conflict 4-Inappropriate Unit Size

Refer to page one for descriptions of transfer reasons. Transfer 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 BC Housing code by referring to the 'How to Apply' and the 'BC Housing Code' columns in the housing listings. Examples of the BC Housing 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 developments.**

e.g. AGI or 130			

F. Declaration: Please read and sign this statement.

I/We declare:

- This is my application; and
- All the information in it is correct and complete to the best of my knowledge and belief.

I/We authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), BC Housing to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to the FOI Act, any person, corporation or social agency to release to BC Housing any information pertinent to the assessment of my/our application.

I/We understand that:

- In accordance with section 33 (c) 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; and
- This application does not constitute any agreement on the part of BC Housing to provide me/us with rental accommodation; and
- 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 for my/our application as requested periodically by BC Housing; and
- 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; and
- 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
Signature of Tenant	Date

G. Office Use Only:

Property No.	Occupancy Date	Current Unit Size	Required Unit Size
Empty Nester	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, tenant must be over 45 years old and select 3 developments. (See page 4 for definition of Empty Nester)	
Transfer Approved	Please check one of the following reasons:		
	<input type="checkbox"/> Medical	<input type="checkbox"/> Distance	<input type="checkbox"/> Social <input type="checkbox"/> Under housed <input type="checkbox"/> Over housed (must select 3 developments)
Transfer Refused	<input type="checkbox"/> Reason: _____		
Property Portfolio Manager: _____		Date: _____	

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 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 relocated 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

Requests 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 following BC Housing regional offices:

Lower Mainland East

7337 Edmonds Street
Burnaby, BC V3N 1A7
Phone: 604-525-3033

Lower Mainland West

1296 Station Street
Vancouver, BC V6A 2X3
Phone: 604-609-7024

Southern Interior

290 Nanaimo Avenue West
Penticton, BC V2A 1N5
Phone: 250-493-0301
Toll Free: 1-800-834-7149

Coastal

301 - 3440 Douglas Street
Victoria, BC V8Z 3L5
Phone: 250-475-7550

North Coast

1400 Kootenay Avenue
Prince Rupert, BC V8J 3X5
Phone: 250-627-7501

Northern Interior

1539 - 11 Avenue
Prince George, BC V2L 3S6
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. Tenants and co-op members living in the lower mainland should forward their form to:

Storefront Office

101 - 4555 Kingsway, Burnaby, BC V5H 4V8, Phone: 604-433-2218 or if outside the lower mainland 1-800-257-7756.



TRANSFER REQUEST

Eligibility

Requests for a transfer will be accepted providing:

- the tenant(s) must have resided in their current unit for a minimum of one 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 following Transfer Reasons:

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 has a BC Housing 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.

2. Unreasonable Distance to Work or School:

Following the date of occupancy, the tenant's place of employment has changed such that transportation is either unavailable when required, or is in excess of three (3) hours round-trip. The tenant must demonstrate job stability, and a letter of verification of employment must be provided.

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 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.