

Internal Transfer Request

General Information

Peterborough Housing Corporation maintains an internal transfer waiting list for approved tenants requiring a transfer.

Tenants requesting an internal transfer must complete and return the attached Internal Transfer Request Form, including any supporting documentation.

Offers for a transfer will be made to approved tenants in chronological order by approval date within each respective category for transfer.

A tenant will be offered one suitable transfer location, based on the size of their household in accordance with the City of Peterborough's Occupancy Standards.

The chart below details the four approved categories for requesting a transfer:

Category for Internal Transfer	Description	Supporting Documentation Required
Crisis – Victim Impact	The tenant or authorized member of the household has been the victim of a traumatic incident at the residential complex. The traumatic incident must have occurred no more than 6 months prior to the transfer request.	Examples include: Police reports, letter of support from Victim Services or other supporting agencies
Crisis – Witness Impact	The tenant or authorized member of the household has witnessed a traumatic incident in their unit. The traumatic incident must have occurred no more than 6 months prior to the transfer request.	Examples include: Police reports, letter of support from Victim Services or other supporting agencies
Accessibility or Medical Accommodation	The tenant or authorized household member is requesting accommodation based on a <i>Human Rights Code</i> identified and/or a medical accommodation based on urgent health related events where the current unit is no longer accessible and/or safe for on a permanent basis.	The Medical Accommodation Form must be completed by licensed medical doctor for your transfer request to be considered (see attached)
Underhoused Transfer	A household that is living in a unit that is too small by two or more bedrooms based on the City of Peterborough's social housing Occupancy Standards.	Supporting documentation may be requested upon review.

Internal Transfer Request Form

Instructions

This form must be completed and returned to Peterborough Housing Corporation for your request to be considered.

If you require assistance with completing this form, please contact our office at 705-742-0439 or by email at residentservices@ptbohousingcorp.ca

Section 1: Household Information

Please provide the following information for all leaseholders in the current rental unit:

Leaseholder Name:			
Leaseholder Name:			
Phone Number:		Email:	
Phone Number:		Email:	
Address:			
Unit Number:		Current Number of Bedrooms:	

Please provide the following information for all other household members (children, dependents, occupants, etc.):

Name	Date of Birth	Sex	Relationship to Leaseholder(s)

Please provide an alternative contact if Peterborough Housing Corporation is unable to reach you:

Alternative Contact Name:			
Relationship to Leaseholder(s)			
Phone Number:		Email:	

Section 2: Reason for Transfer

Please check one of the following reasons for requesting an internal transfer, based on the provided descriptions.

Reason for Internal Transfer		Description
<input type="checkbox"/>	Crisis – Victim Impact	<p>The tenant or authorized member of the household has been the victim of a traumatic incident at the residential complex. The traumatic incident must have occurred no more than 6 months prior to the transfer request.</p> <p>Supporting documentation must be provided for your transfer request to be considered.</p>
<input type="checkbox"/>	Crisis – Witness Impact	<p>The tenant or authorized member of the household has witnessed a traumatic incident in their unit. The traumatic incident must have occurred no more than 6 months prior to the transfer request.</p> <p>Supporting documentation must be provided for your transfer request to be considered.</p>
<input type="checkbox"/>	Accessibility or Medical Accommodation	<p>The tenant or authorized household member is requesting accommodation based on a <i>Human Rights Code</i> identified and/or a medical accommodation based on urgent health related events where the current unit is no longer accessible and/or safe for on a permanent basis.</p> <p>A Medical Accommodation Form must be completed by licensed medical doctor for your transfer request to be considered.</p>
<input type="checkbox"/>	Underhoused Transfer	<p>A household that is living in a unit that is too small by two or more bedrooms based on the City of Peterborough's social housing Occupancy Standards.</p>

Please provide more details about the reason you are requesting an internal transfer:

Section 3: Checklist

To ensure your transfer request will be considered, please complete the following checklist:

- ☐ I have included correct and up to date information for all household members in the rental unit
- ☐ I have selected a reason for requesting an internal transfer

If applying under Crisis - Victim or Witness to a Traumatic Incident:

- ☐ I have included supporting documentation to confirm that a tenant or authorized member of the household has been a victim or witness to a traumatic incident at the residential complex within the last six months

If applying under Accessibility or Medical Accommodation:

- ☐ I have included a Medical Accommodation Form that has been completed by a licensed medical doctor

Section 4: Release and Consent

By signing below, all tenants declare the following is true:

*I/we declare that all information given in this application is correct and complete. The application and any supporting documents become the property of the **Peterborough Housing Corporation**.*

I/we understand, when rental accommodation is provided to me/us that it will be occupied by me/us and the persons listed on this application.

*I/we understand that this application does not constitute an agreement on the part of the **Peterborough Housing Corporation** to provide me/us with rental accommodation.*

The personal information on this form is collected under the authority of the Human Rights Code, RSO 1990, c H19 including sections 10, 11 and 17 of that act; the Housing Services Act, 2011, SO 2011, c 6 Sched 1 including section 176 of that act and O Reg 367/11 including section 47(1) 5 of that regulation; and/or the Residential Tenancies Act, 2006, SO 2006, c 17 including section 10 of that act, and will be used only as is necessary for the purposes of determining an applicant's eligibility for a transfer to another unit.

The applicant(s)/resident(s) consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material.

Questions regarding this collection should be directed to the: Peterborough Housing Corporation, Att: Resident Services Manager, 526 McDonnell St., Office Suite, Peterborough, Ontario, K9H 0A6.

All Leaseholders must sign below:

Print Name (Leaseholder)

Signature

Date

Print Name (Leaseholder)

Signature

Date

Internal Transfer: Accessibility or Medical Accommodation Form

General Information

This form must be completed and returned to Peterborough Housing Corporation, in addition to the Internal Transfer Request Form, for your request to be considered.

The City of Peterborough has established a Community Housing Directive: Order of Household Selection. Included in category 1 is an urgent medical needs designation where the Housing Provider is unable to accommodate the needs identified in the current unit. Eligibility for this category is based on the unit or building being inaccessible or unsafe for the current tenant.

The intent of the Accessibility or Medical Accommodation category is only for individuals who have experienced extreme health related events where their current Peterborough Housing unit is no longer accessible and/or safe for them on a permanent basis or for a significant amount of time. Examples include (but are not limited to):

- Long term injuries because of an accident where the unit or building is no longer accessible.
- Symptoms of a disease or illness that resulted in declined mobility where a person's home is no longer accessible to them (e.g., Multiple Sclerosis).
- Declined mobility where stairs have become a safety issue.

Because of the severe nature of this category that prioritizes individuals over others on the Centralized Waitlist, medical documentation is required.

Important Note to Doctors and Their Patients:

When a household requests urgent medical needs status, Peterborough Housing Corporation (PHC) must determine if the household qualifies under the Local Community Housing Directive, Order of Household Selection.

The personal health information disclosed in this form will be used only for the purpose of evaluating the household's eligibility for urgent medical needs status for an internal transfer request. Any questions related to this document may be directed to our office at (705) 742-0439 or via email at residentservices@ptbohousingcorp.ca.

The City of Peterborough and PHC are permitted under the Housing Services Act, 2011 (HSA) and/or the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) to collect personal information about me and my household so long as they comply with the standards for collecting, using, disclosing, and safeguarding information as set out in the applicable legislation.

The personal information on this form is collected under the authority of the Human Rights Code, RSO 1990, c H19 including sections 10, 11 and 17 of that act; the Housing Services Act, 2011, SO 2011, c 6 Sched 1 including section 176 of that act and O Reg 367/11 including section 47(1) 5 of that regulation; and/or the Residential Tenancies Act, 2006, SO 2006, c 17 including section 10 of that act, and will be used only as is necessary for the purposes of determining an applicant's eligibility for an accessible unit, modifications to their current unit, transfers to another unit, and/or other accessibility/accommodation measures related to the tenancy.

Patient Consent

By signing below, I understand that PHC requires the personal information requested on this form to determine my eligibility to transfer to a different unit.

By signing below, I consent to my doctor disclosing the personal health information requested on this form to PHC for the purposes identified on this form. I also consent to PHC disclosing this personal health information to the City of Peterborough for the limited purposes stated above.

Patient Name (please print)

Date

Signature of Patient (or Parent/Guardian if patient is under age 16)

Medical or Accessibility Information (to be completed by Doctor)

Based on the information on the cover page, does this patient have a disability or medical condition that makes their apartment or building inaccessible or unsafe for them?

☐ No

☐ Yes (Please Specify):

Please identify how this condition renders the apartment or building inaccessible or unsafe rather than extremely difficult:

Please identify the type of building or apartment that would be accessible and safe for this individual.	<input type="checkbox"/> No Stairs <input type="checkbox"/> Fully Accessible <input type="checkbox"/> Elevator <input type="checkbox"/> Other (Please Specify):

Do the functional restrictions prevent the patient from being able to perform activities of daily living in their unit (i.e. self-care, personal hygiene, eating, making decisions, completing tasks)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please Specify):

What is the expected duration of time of the disability or medical condition?	<input type="checkbox"/> Permanent <input type="checkbox"/> Other (Please Specify):

Release and Consent (to be completed by Doctor)
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By signing below, I certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

Physician Name: _____ Phone number: _____

Office Address: _____

Physician Signature

Date