



Northumberland County Housing Corporation Internal Transfer Request Form - Special Priority, Overhoused, Medical

Northumberland County Housing Corporation is committed to working with residents to remove accessibility barriers. While all accommodation requests will be considered, the accommodation provided may not be exactly as requested. Where appropriate, we reserve the right to require verification for the requested accommodation. This may include but is not limited to medical notes, government permits or other formal documentation.

Notice with Respect to the Collection of Personal Information

This information is collected under the legal authority of the Housing Services 2011 for the purpose of administering the Social Housing Programs prescribed in this act and its associated regulations. Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

All tenants requesting an internal transfer may be required to pay a \$250 fee.

Be sure to complete all sections of this form, and then mail or deliver your completed Internal Transfer Request Form to:

Northumberland County Housing Corporation
555 Courthouse Road, Cobourg ON K9A 5J6

Please note that if your transfer is approved, your unit will be smoke free as per NCHC's Smoke Free Policy.

Date completed

Tenant Name(s)

Current Address

City/Town

Postal Code

Phone Number

Dependent Household Members and Ages

Type of Transfer requested

- Medical Transfer - for households where a medical professional has determined that a tenant suffers from a condition that requires them to move to a different unit. Limitations assessment form and letter from medical professional must be attached.
- Overhoused Transfer - for households who are living in a unit that has more bedrooms than they qualify for based on NCHC occupancy standards.
- Special Priority Transfer - for households where a tenant has been a victim of abuse in the home. There are additional forms to complete.

Safe Contact Method for Special Priority Transfers

Please contact me directly?

Safe Phone Number

Yes No

Safe Mailing Address

If you would like us to contact someone else, please provide the following:

Name of Contact

Safe Phone Number

Safe Mailing Address

Other Details

Review of Current Living Circumstances

Please describe in detail the barriers you are experiencing within your unit.

What do you need to assist with your current living requirements?

Building Selection

Please select the building locations that you would accept transfer to, if approved:

Brighton:

- Francis Court - 2 Francis Street - Mixed - 1 bedroom apartments - lift available
- Midland Court - 12A Meade Street - 50+ - 1 bedroom apartments - lift available
- Midland Court II - 12 Meade Street - 50+ - 1 bedroom apartments - one storey

Campbellford:

- Sunrise Court - 111 Front Street South - Senior - 1 bedroom apartments - lift available
- Sunset Court - 112 Front Street South - Mixed - 1 bedroom apartments - lift available

Cobourg:

- Elgin Park - 299 Elgin Street East - 1, 2, 3, & 4 bedroom apartments
- Windermere - 330 King Street East - Mixed - 1 bedroom apartments - lift available

Colborne:

- Maple Court - 8 King Street West - 50+ - 1 bedroom apartments
- Percy Manor - 6 Percy Street - 50+ - 1 bedroom apartments - lift available

Port Hope:

- Scriven - 7 Scriven Boulevard - Family - 2 & 3 bedroom townhouses
- Wellington Place - 41 Wellington Street - Family - 2, 3, & 4 bedroom townhouses
- Wellington Manor - 43 Wellington Street - Mixed - 1 bedroom apartments
- Wellington Court - 45 Wellington Street - Senior - 1 bedroom apartments - lift available
- Holland Court - 24 Queen Street - Senior - 1 bedroom apartments - lift available

Tenant Signature(s)

Please note that signatures are required from all tenants on the lease agreement.

Signature of Tenant

Date of Signature

Signature of Tenant

Date of Signature

Signature of Tenant

Date of Signature

Signature of Tenant

Date of Signature

Office Use Only

Approved _____

Denied _____