



INTERNAL TRANSFER POLICY INFORMATION SHEET

What is an INTERNAL TRANSFER?

An INTERNAL TRANSFER is when a tenant either:

- a) is requested to move by their Property Manger because they are “**over-housed**” or
- b) the tenant requests to move to another unit in the building for one of the reasons listed below.

NOTE:

- The Housing Services Act lists specific Occupancy Standards that specifies what size unit the household is eligible for, depending on the number of persons in the household.
- Slovak Village charges a \$250 Transfer Administration Fee when a transfer is accepted (except for tenants requested to transfer by the Landlord)
- The tenant will be required to pay a Last month Rent deposit and/or top up their LMR to the current rent

Can I apply for an INTERNAL TRANSFER?

Internal Transfers will be considered for tenants who agree to pay a \$250 transfer administration fee when they are offered a transfer and who are:

- a) **Victims of family violence** (*as defined in the regulations*)
- b) **Over housed** tenants (*who have too many bedrooms for family size*)
- c) **Medical priority** (tenant’s health is being seriously affected by current housing)
- d) **Under housed** (have too few bedrooms for family size)
- e) **Urgent Priority** (severe circumstances a requiring transfer)

You must meet these basic criteria for a transfer:

- a) you have lived in your present unit for 12 months, and
- b) you are up-to-date with your rent payments (and have been for at least 6 consecutive months) prior to being transferred, and
- c) you do not have a history of damage to your unit or disturbing neighbours and
- d) you continue to meet Rent-Geared-to-Income eligibility criteria

NOTE: ***Call the housing office if you have any questions about Internal Transfers.***

How long do I have to wait for an INTERNAL TRANSFER?

The length of time you will wait depends on the turn-over in the building. You will be notified when a vacancy becomes available, which you are eligible for.

How many choices do I get?

You are entitled to receive three (3) offers of an alternate unit.

Could I lose my subsidy?

If you applied for a transfer and you are not over housed, you will not lose your rent subsidy for refusing an offer of a transfer. You will, however, be removed from the transfer list.

If you are over-housed

- For the first 12 months of being over-housed you may refuse offers without loss of subsidy. (You can be selective)
- After 12 months of being over-housed. You will be required to re-apply to the Centralized waiting list with a minimum of five (5) selections (Not including rent supplement lists). If you refuse two (2) additional offers (in total) from the internal transfer and the centralized wait lists you will lose your subsidy.

In the above cases you will be notified of the “market” rent for your current unit and will be given 90 days notice of this rent increase taking effect.

What if I disagree with a decision?

In any case where a decision negatively effects a tenant, the tenant may request a Review of the decision. To request a Review, you must write to Slovak Village, c/o Municipal Housing Department at the address below, within ten (10) days from the date you receive notice of an adverse decision.

What if I want to transfer to a building outside of Slovak Village?

Any current Rent-Geared-to-Income tenant can apply at any time to the centralized waiting list. The Brant Access To Housing applications are at the reception desk or on the City of Brantford website www.brantford.ca .

If you are a Market Rent tenant or a Rent Supplement tenant you must apply to the regular Brant Access to Housing wait list.

You cannot be in arrears to any housing provider for rent or have damages owing.



INTERNAL TRANSFER REQUEST

RETURN TO YOUR PROPERTY MANAGER

PLEASE PRINT

Street Address	City	Postal Code	Telephone Number
144 Fifth Ave Unit # _____	Brantford, Ontario	N3S 7T7	

LIST ALL PEOPLE WHO LIVE IN THE UNIT

Relationship to Leaseholder	Last name	First Name	S.I.N.	Date of Birth	Sex
Leaseholder No. 1					
Leaseholder No. 2					

INCOME OF ALL PEOPLE WHO LIVE IN THE UNIT

Name	Source of Income	Gross Monthly Income

ACCOMMODATION REQUIRED	# of Bedrooms	Wheelchair	Elevator	One Level Unit	Other
	1 2 3	Modified unit form required			

Reason for Transfer	Personal Safety	Over / Under Housed	Health Reasons	Dr.'s Letter Attached?	Urgent Priority Requested
	Victim of Family Violence		(Dr.'s Report Required)	Must include what medical needs need to be met.	

Please provide details why you are requesting a transfer.

Personal information contained on this form or in attachments is collected by Slovak Village Non-Profit or for the City of Brantford Housing Department, pursuant to the Housing Services Act, 2011, Freedom of Information and Protection of Privacy Act or the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of an internal transfer and/or making eligibility decisions for housing assistance and/or social assistance subsidies. The information provided may be cross-referenced with other Health & Human Services data pertaining to the household, including Ontario Works Brant, Homelessness Services, as well as Children's Services & Early Years Programs. Personal information may be disclosed to other housing providers, City of Brantford or Provincial Departments or Agencies that assist in the provision of social housing or social assistance programs. Internal transfer applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and are required to provide supporting material for the purpose of processing the application.

I/We consent to the ongoing use and disclosure of my/our personal information as described above for the purposes of social housing and/or social assistance support decisions as may be necessary.
Further, I/We acknowledge I/We have read and understand this consent.

I/We agree to pay the \$250 Transfer Administration Fee when an offer of a transfer is accepted (except tenants requested to transfer by the landlord)

Date _____ Leaseholder No. 1 Signature _____ Leaseholder No. 2 Signature _____

Signature _____

**PLEASE ATTACH ALL LETTERS OF SUPPORT AND MEDICAL INFORMATION
CONTACT THE HOUSING OFFICE IF YOU REQUIRE MORE INFORMATION**

SOCIAL SERVICES-HOUSING 220 Colborne St, P.O. Box 845 Brantford, ON N3T 5R7
Phone (519) 759-3330 Fax: (519) 759-1750