



LONDON & MIDDLESEX  
COMMUNITY HOUSING

## Request for Transfer

### Application Checklist

Your completed transfer application *must* include:

- 1. A completed **Applicant Information** section
  
- 2. A completed **Declaration and Consent to Disclosure** section

## **Information for applicants**

By completing this transfer application form you are indicating that you wish to apply for a transfer to another LMCH unit or property.

In order to avoid any delays in processing your transfer request, please ensure that all sections of the application are completed.

All information disclosed to LMCH will remain confidential.

If you apply for a transfer and it is determined that you have deliberately provided false or inaccurate information, your transfer will be denied.

## **Why do you wish to transfer from your current unit?**

- Immediate transfer (Special Priority Policy, SPP)
- Underhoused
- Overhoused

*LMCH is currently only transferring tenants for legislative reasons (Special Priority Policy, SPP), underhoused or overhoused. Please contact your CRW to complete this form.*

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# 1. Applicant Information

Last name	Today's date
First name and middle initial	Date of birth (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number
Home phone	Work phone
Can we call you at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell phone	E-mail address
Current address	
Current unit size <input type="checkbox"/> Bachelor <input type="checkbox"/> 1Bedrm <input type="checkbox"/> 2Bedrm <input type="checkbox"/> 3Bedrm <input type="checkbox"/> 4Bedrm <input type="checkbox"/> 5Bedrm	
Would like to transfer to <input type="checkbox"/> Bachelor <input type="checkbox"/> 1Bedrm <input type="checkbox"/> 2Bedrm <input type="checkbox"/> 3Bedrm <input type="checkbox"/> 4Bedrm <input type="checkbox"/> 5Bedrm	
Name of household member requesting transfer (if different from above)	

*I want to relocate to:*

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	

List all the people (other than yourself) who currently live in your home.

	Last name	First name and middle initial	Date of birth	Gender	SIN	Relationship to you
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						

List all income for you or the family members listed above.

	Family member with income	Type of income received	Gross monthly income
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			

## 2. Declaration and Consent to Disclosure

*This section must be completed by the person(s) requesting the transfer. If that person is under the age of 16 or is unable for any reason to sign the consent or to give a valid consent, the consent may be signed on the person's behalf by the parent or guardian; an attorney under a power of attorney that authorizes that attorney to give the consent on the person's behalf; or a person who is otherwise authorized to give the consent on the person's behalf.*

I, \_\_\_\_\_, hereby authorize and consent to the disclosure to London & Middlesex Community Housing of information and documents required by London & Middlesex Community Housing for the purpose of verifying the statements on this form and assessing my eligibility for a transfer.

\_\_\_\_\_  
Signature of applicant (or person authorized to sign on their behalf)

\_\_\_\_\_  
Date signed

*All tenants **over the age of 16** living in this unit must also sign this transfer request.*

\_\_\_\_\_  
Signature of tenant #2

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of tenant #3

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of tenant #4

\_\_\_\_\_  
Date signed

Personal information contained on this form or in attachments is collected pursuant to the *Social Housing Reform Act, 2000, Sections 162, 163, 164 and 165* or the *Municipal Freedom and Protection of Privacy Act, (R.S.O. 1990, c M.56)*. This information will be used to determine suitability and eligibility for housing applied to, continuation of housing and/or transfer of housing within the London and Middlesex Housing Corporation.

## **Instructions for Professionals**

**The applicant is applying for an immediate transfer.** In order for the London & Middlesex Community Housing to determine the applicant's eligibility we will need the following documents from you.

1. **Complete the Professional's Verification and Declaration section of this form.**
2. **Attach a Letter of Verification** outlining the nature of the applicant's situation and remedies that have been attempted to resolve the situation. (You may refer to the indicators of violence/abuse/criminal activity on page 4 of this form if you need assistance in writing your letter.)
3. **Attach all applicable Supporting Documentation.**

You may give this form directly to the applicant, or mail it to the address at the bottom of this form. Do not fax; original form is required.

## **Who may complete this form**

A person who has a professional relationship with the applicant, including, but not limited to:

- Doctor
- Lawyer
- Shelter worker
- Law enforcement officer
- Guidance counselor
- Registered social worker or social service agency worker
- Member of the clergy
- Victim services worker
- Settlement services worker
- Community health care worker
- Counselor/psychologist
- An individual in a managerial or client services position with London & Middlesex Community Housing

### 3. Professional's Verification and Declaration

Name of professional	Position/Title
Organization name	Phone
Address	

**Professionals providing verification must check off all of the following statements:**

1. The applicant's personal safety is significantly at risk.  Yes  No
2. All legal interventions have been exhausted.  Yes  No
3. I have reviewed the information about the verification process necessary to qualify for Urgent Social Status. The applicant to whom I have provided services/assistance and whose situation I am aware of should be considered for an Urgent Social Status transfer.  Yes  No
4. I am aware of my responsibility in providing verification and declare that the information I have provided is an accurate account of the applicant's situation, to the best of my knowledge.  Yes  No
5. I have attached a letter providing an account of the applicant's situation of abuse and remedies that have been attempted to resolve the situation.  Yes  No
6. I have a professional relationship with this client and am eligible to complete this form.  Yes  No

Please list the supporting documentation you are attaching to this form:

\_\_\_\_\_  
Signature of professional

\_\_\_\_\_  
Date signed

## **Attachments**

*You may use this page to attach supporting documents.*



## For LMCH Office Use Only (to be completed by LMCH staff)

Overhoused/underhoused
Bedroom size eligible for <input type="checkbox"/> Bachelor <input type="checkbox"/> 1Bedrm <input type="checkbox"/> 2Bedrm <input type="checkbox"/> 3Bedrm <input type="checkbox"/> 4Bedrm <input type="checkbox"/> 5Bedrm
Category <input type="checkbox"/> Immediate (SPP) <input type="checkbox"/> Underhoused <input type="checkbox"/> Overhoused
Date processed
Staff name
PM supports? <input type="checkbox"/> Yes <input type="checkbox"/> No
Original move-in date
Arrears?
Complaints on file?
Previous transfers?
Other comments (attach another page if more space needed)
Inspection request to
Date
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
By whom
If <b>NO</b> , reason



## **London & Middlesex Community Housing Properties**

### **City of London**

#### **Adult Buildings**

136 Albert Street  
200 Berkshire Drive  
580 Dundas Street  
304 Oxford Street  
241 Simcoe Street  
39 Tecumseh Avenue  
345 Wharncliffe Road North  
349 Wharncliffe Road North  
872 William Street

#### **Senior Buildings**

30 Base Line Road West (age 60+)  
1194 Commissioners Road West (age 60+)  
632 Hale Street (age 60+)  
170 Kent Street (age 50+)  
202 McNay Street (age 50+)  
85 Walnut Street (age 50+)

#### **Family Townhouse Complexes**

Allan Rush Gardens (Glen Cairn)  
Boulee Street (Huron Heights)  
Huron Street (Huron Heights)  
Limberlost Road (Whitehills)  
Marconi Boulevard (Trafalgar Heights)  
Pond Mills Road (Pond Mills)  
Southdale/Millbank (Westminster Park)

### **County of Middlesex**

#### **Dorchester**

2061 Dorchester Road (for Adults)

#### **Glencoe**

157 Simpson Street (for Adults)

#### **Newbury**

7 & 9 Tucker Street (for Families)  
28 & 30 York Street (for Families)  
23 & 25 Broadway Street (for Families)  
10 York Street (for Adults)

#### **Parkhill**

249 Ellen Street (for Adults)

#### **Strathroy**

49 Bella Street (for Adults)  
125 Head Street (for Adults)  
346-373 Penny Lane (for Families)