

Supportive Housing Registry Transfer Request Form

This form should be completed by current residents of supportive housing who wish to move to another supportive housing building.

1. Applicant: Please tell us about yourself.

Please Print Clearly

Last Name	First Name(s)	Alias or Nickname (Optional)
Birth Date (dd/mm/yyyy)		Gender

2. Where do you live now?

Development Name:	Unit #:
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3. How can we reach you?

Your Phone #	Your Email Address
Your Address <u>or</u> an address you can receive mail (if applicable)	

3a. Is there anyone we can leave a message with in order to contact you? Provide as many options as possible.

Contact or Organization Name	Phone Number	Email	Contact's relationship to you	*Authorized Contact (Yes/No)

**By saying Yes under Authorized Contact, you are confirming that you have the contact's permission to provide their information and you are giving permission for the Supportive Housing Registry and any supportive housing provider to exchange information with that contact in order to maintain and update your transfer request. Authorized Contacts can be added or removed by contacting the Supportive Housing Registry.*

4. Why do you need or want to move?

5. Stairs and Wheelchair Access: Let us know if you have any difficulty with stairs or use a wheelchair.

 Stairs are OK No Stairs Limited number of stairs. How many? _____

 Do you require wheelchair accessible housing? Yes No

6. Do you have any pets? Yes No If Yes, how many? _____ What kind? _____

 Do you have a registered therapy or service animal? Yes No If Yes, please describe: _____

7. Where do you want to move?

Cities or Towns	Neighbourhoods	Buildings
_____	_____	_____
_____	_____	_____

DECLARATION & CONSENT – PLEASE READ AND SIGN

I declare:

- This is my application to be considered for a transfer within supportive housing and all the information in it is true, correct and complete.

I consent:

- To BC Housing sharing my information with supportive housing providers, health authorities, shelter providers, outreach providers, and/or other organizations partnering with BC Housing to coordinate access to suitable housing for me.
- To supportive housing providers, health authorities, shelter providers, and/or outreach providers who are directly involved in finding suitable housing for me to make any necessary inquiries to verify the information given in this application; and, for any person, corporation or social agency to release any necessary information to the assessment of my eligibility for supportive housing.
- To members of the Supportive Housing Registry to exchange information with my Authorized Contact(s) in order to maintain and update my transfer application.

I understand:

- This application is not an agreement on the part of the Supportive Housing Registry or supportive housing providers to provide me with a transfer within supportive housing.
- If I move out of my current supportive housing unit, my transfer application will be cancelled.
- If there is a unit available and I cannot be contacted, the Supportive Housing Registry will offer the unit to another applicant.
- If I am being considered for an available unit, I may be asked to provide additional information to assess if the supports provided in that building will meet my needs and it is my responsibility to provide or cause to be provided information requested to assist with this assessment.
- If I wish to withdraw this Declaration and Consent, I may do so at any time by contacting the Supportive Housing Registry; however, withdrawal will result in the cancellation of my transfer request.

Resident Name (Print)	Resident Signature	Date
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Next Steps:

- **Sign & Date** Transfer Form
- **Submit** Transfer Request Form:
Drop off the form with your housing provider to be forwarded to BC Housing: or,
Mail to Supportive Housing Registry, BC Housing, 101 – 4555 Kingsway, Burnaby, BC V5H 4V8.

Purpose of this form:

Personal information is collected on this form to identify and contact you, to assess your eligibility for supportive housing and to determine the housing that meets your needs. The information is collected in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about your personal information, please call or write the Privacy Officer at BC Housing, 1701 - 4555 Kingsway, Burnaby, BC, V5H 4V8, 604-433-1711.

Office Use Only:

HIFIS: <input type="checkbox"/> No <input type="checkbox"/> Yes - File #:	Processed by:	Date:
Transfer Approved: Please select primary reason for transfer:		
<input type="checkbox"/> Change in support needs	<input type="checkbox"/> Closer to family/friends and/or supports	
<input type="checkbox"/> Change of community	<input type="checkbox"/> Health needs (i.e.: mobility, mental health)	
<input type="checkbox"/> Other describe: _____		