

calgaryhousingcompany.org 587-390-1200

Request to Transfer

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Full Name of Lease Holder(s):	
Current Address:	
Phone Number:	E-Mail Address:
You must meet the follow	ring eligibility requirements to be considered for a transfer.
■ Y a ■ Y	ou have lived in your current unit for a minimum of one year ou have not received a recent (within 12 months) eviction notice (other than rears) ou do not have outstanding debts or arrears with CHC. ou have no recent history (within 12 months) of unacceptable behavior.
Note you will only be offor request to transfer below	ered one unit through the transfer process. Please check the reason for your
Order, Emergency Protec	ctach supporting documents for the emergency such as a copy of a No Contact ction Order, or letter from Calgary Police or supporting Agency. If you CANNOT nity/area of Calgary due to the emergency please specify that community
to your housing. Please a current housing on your h	e eligible for a medical transfer if your health is being negatively affected due ttach a letter from your Health Care Professional to verify the impact of your health problems. This letter should not disclose medical conditions or diagnosis. ousing requirements or limitations in the type or location of housing needed number of stairs, smoke free building, etc).
	nay be eligible for a transfer if your do not have enough bedrooms to meet the based upon Alberta Government Regulations.
Over-Housed. You ma	y be eligible for a transfer if your unit size is now too large for your family size.
<i>Other</i> . Please specify	, and attach supporting documentation.
Tenant Signature	
Please submit completed with "Attention: Transfer	form and documents to your Property Manager. Or send by mail or drop off Request" at: