



Civida.ca

E: help@civida.ca

P: 780-420-6161

F: 780-426-6854

10232 112 Street NW

Tenant Transfer Request Form

- Please ensure that all information and documents submitted are true to the best of your knowledge.
- Please only send copies of requested documents. Originals will not be returned.
- Please submit an updated bedroom listing with this transfer request, available in our office or on our website at www.Civida.ca.
- All leaseholders who are requesting the transfer must sign the completed form.
- If you have any questions, please contact Civida or visit our website at www.Civida.ca.

Please submit this form to Civida via email, mail, fax, in person at our office or by email to help@civida.ca.

Section One – Tenant Information

Please provide current contact information for the primary tenant who is requesting to transfer

Given Name		Surname (Last Name)		Preferred Name (if different)	
Unit Number	Address	City	Province	Postal Code	
Home Phone number			Mobile Phone Number		
Email Address			Tenant Code		

Section Two – Household Information

Please list the full legal name of all people who will be transferring with you. Provide information as it appears on government issued identification. If you need more space, please attach additional pages.

First Names (legal name)	Last Name (legal name)



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Are you expecting any changes to the total number of household members within the next three months? (For example, someone moving in or out, birth of a baby, etc.)

- No
- Yes If yes, please explain in the space below:

For household members who are pregnant, please include a copy of a medical certificate completed by a doctor, nurse practitioner or midwife or other documentation confirming pregnancy and expected due date.

Section Three – Reasons for Transfer Request

Check all that apply for you and your household. Please provide any requested documentation.

- Family violence – please include a copy of your Safer Spaces Certificate [add link]
- Emergency situation requiring relocation
- Overhoused – for households living in a home that has more bedrooms than you need
- Underhoused – for households who need a home with more bedrooms
- Accessibility concerns
- Health concerns – please provide a letter from your doctor explaining the need for a different unit
- Move for work, school, or family
- Other



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Please use this space to explain why you are requesting a transfer.

Section Four - Authorization

I/We understand:

- This transfer request is not an agreement on the part of Civida to provide me/us with housing.
- A failure to respond to requests for additional information or documentation by Civida may result in my/our transfer request being incomplete.
- Providing false information to Civida may result in no longer being eligible for services.
- It is my/our responsibility to keep Civida updated on any changes to my/our circumstances or the information provided in this form.

The Transfer Request must be signed by all leaseholders who are requesting to transfer.

Print Name	Signature	Date (DD/MM/YYYY)

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the customer(s)'s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. Limited information may also be used by Civida and/or provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPcoordinator@Cividac.ca