



**Please return this completed application to your current housing provider.
Your housing provider will review and send it to Durham Access to Social Housing (DASH).**

Reason for Transfer Application

- I am applying to transfer because I am overhoused and am required to move to a smaller unit.
- I am applying to transfer because I am a victim of human trafficking.
- I am applying to transfer because I (or my children) am being abused by someone that I live with (or have lived with in the last 3 months).
- I am applying to transfer for another reason. Please explain: _____

Contact Information

Last Name _____ First Name _____

Date of Birth (day/month/year) _____ Gender _____

Social Insurance Number _____ Current RGI amount: _____

Unit Number _____ Street Number _____ Street Name _____

Town/City _____ Postal Code _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email address _____

Alternate Person to Contact _____

Phone number of Alternate Contact (where we can leave a message) _____

- I give permission for DASH to speak with my Alternate Person to Contact about my transfer application and offers of RGI or modified housing.

Household Information

Please provide information about all adults and children who will live with you.

Last Name	First Name	Relationship	Date of Birth Day/Month/Year	Gender	Social Insurance Number

Declaration

I declare that all information given for this application is true to the best of my knowledge and that I have not withheld or left out any required information.

I understand that the information given for this application may be used to make decisions or verifying eligibility for assistance under the *Housing Services Act, 2011*, the *Ontario Disability Support Program Act, 1997*, the *Ontario Works Act, 1997*, or the *Child Care and Early Years Act, 2014*.

I consent to the sharing of information given for this application between Durham Access to Social Housing (DASH), the Region of Durham and any of its agents under contract.

Applicant's Name _____

Signature _____ Date _____

Spouse's Name _____

Signature _____ Date _____

Office Use Only – to be completed by housing provider:

Name of Housing Provider _____

Contact name and title: _____

Phone: _____ Email _____

Unit size for transfer _____ Modified Unit Yes No

Overhoused only – Date first overhoused _____

Special Priority (SPP) only – Application package provided to tenant/co-op member? Yes

Name and relationship of abuser (if known): _____

Provider confirms tenant/ member and abuser lived together. Date separated _____

Provider cannot confirm that tenant/ member and abuser lived together.