



# CAMBRIDGE KIWANIS HOUSING

Unit A – 350 Linden Drive  
 Cambridge, ON N3H 5N7  
 (519) 650-5437

## Internal Transfer Request

<b>Main Applicant</b>		<b>Co-applicant</b>	
Name:		Name:	
<b>Current Unit and Building:</b>			
Phone #:		Phone #:	
<b>Housing Request (Check unit size and building choice)</b>			
<input type="checkbox"/> 1 bed apt. <input type="checkbox"/> 2 bed apt. <input type="checkbox"/> 3 bed apt. <input type="checkbox"/> 3 bed townhouse <input type="checkbox"/> Accessible Unit <input type="checkbox"/> 340 Linden <input type="checkbox"/> 355 Linden <input type="checkbox"/> 360 Linden <input type="checkbox"/> 365 Linden <input type="checkbox"/> 1195 King St.			
<b>Household Composition (for new unit)</b>			
<b>First Name</b>	<b>Last Name</b>	<b>Relationship to You</b>	<b>Date of Birth</b>
<b>Reason(s) for Requesting a Transfer (Give detailed explanation)</b>			
<input type="checkbox"/> Special Priority <input type="checkbox"/> Overhoused <input type="checkbox"/> Priority <input type="checkbox"/> Underhoused <input type="checkbox"/> Well Being <input type="checkbox"/> Market Rent			

\_\_\_\_\_  
 Signature Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature Co-applicant

\_\_\_\_\_  
 Date

<b>OFFICE USE ONLY</b>	
Date Received:	Move-in Date:
Copy to Tenant <input type="checkbox"/>	Entered in HMWorx <input type="checkbox"/>