St. Giles' Senior Citizens Residence 775 Park St South, Peterborough, On K9J 3T6 Telephone 705 743 8660 email stgscr@gmail.com

Internal Transfer Request

Name of A	Applicant(s) Date	:
Current Ur	Jnit/Address	
Length of	f Residence in Current Apartment:	
Reason Fo	or Transfer Request:	
\bigcirc	Substantial abuse	
\bigcirc	Your unit is too small	
\bigcirc	Current rental rate is unaffordable	
0	Medical condition or disability makes your unit inaccessable, or the unit aggravates your medical condition, or increases the cost of your treatment. Please include a doctor's letter, outlining your medical condition and how a different apartment would improve the situation. Other Reason:	
0	Size/type of unit requested:	

Signature: _____

Date: _____