



Sherbrooke, _____

TRANSFER REQUEST

Name:

Address:

In order to allow the Selection Committee to review your transfer request, **please fill out both (2) sections of this form.** Your request will be processed in accordance with the *Policy for managing priority applications and relocation applications.*

SECTION 1

Yes No

Is your transfer request related to physical health reasons?

Is your transfer request related to psychosocial reasons?

Is your transfer request related to a neighbor problem?

Is your transfer request related to a pregnancy?

Is your transfer request related to the addition of a new occupant in your household?

Is your transfer request related to the departure of an occupant in your household?

Other reason: _____

SECTION 2

Describe the reasons for your transfer request:

(Use the back if necessary)

Signature

Date

