**OVERHOUSED TENANT/MEMBER TENANCY REPORT**

Social Housing Provider: Click here to enter housing provider name.

Name of Leaseholder: Click here to enter name. DOB: *(mm/dd/yyyy)*

Other Leaseholders: Click here to enter names (if applicable).

Address/Unit: Click here to enter address.

Overhoused Notification Date: (mm/dd/yyyy)

Date added to Internal Transfer List: *(mm/dd/yyyy)*

Reason Overhoused: Click here to enter text.

Current Bedroom Size: Enter size here.

Bedroom Size Required: Enter bedroom size here.

Has the tenant/member refused any internal transfer offers? Yes [ ]  No [ ]

|  |  |
| --- | --- |
| If yes: | * Date of Refused Offer: *(mm/dd/yyyy)*; *(mm/dd/yyyy); (mm/dd/yyyy)*
 |

Additional Comments (Optional): Click here to enter text.

Completed By: Click here to enter name. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Click here to enter title. Date: *(mm/dd/yyyy)*

Contact Telephone Number: Click here to enter contact number.