Swan Lake First Nation
Housing Department

P.O. Box 368, Swan Lake, MB, R0G 2S0
Ph: (204) 836-2101, ext. 222 • Fax (204) 836-2255
Email: slfnhousing@slfn293.ca

Unit Transfer Request Form

Tenant(s): _____ Unit #: _____

Contact No.: _____ Email: _____

Type of Transfer Requested:

- ☐ Health/Safety Concerns of Home
- ☐ Overcrowding
- ☐ Medical/Health Reasons (Including Accessibility)
- ☐ Other: _____

Reason for Request (include brief description):

_____

_____

_____

Household Information: (list all individuals currently residing in your unit)

Name	D.O.B	Gender	Relationship

Tenant Signature: _____ **Date:** _____

********For Office Use Only********

Date Received: _____ **Received by:** _____

☐ Approved ☐ Declined ☐ Waitlisted

Comments/Notes: _____

_____