









## TESLIN TLINGIT COUNCIL UNIT TRANSFER REQUEST FORM

## PERSONAL INFORMATION Name(s): Yes \_\_\_\_ No \_\_\_\_ TTC Citizen Email: Phone #: Mailing Address: **Marital Status:** single parent \_\_\_\_ common-law \_\_\_\_ married with employed spouse \_\_\_ married with dependent spouse \_\_\_\_ single \_\_\_ single, living with parents \_ Current Unit Information Location of present accommodation: Length of time there: Number of occupants: Number of bedrooms: Information For Requested Unit Number of Bedrooms Required: Preference of Location:

Persons	Living	With	You
		* * 1011	I O U

Name

Name	Age	Relationship		
Employer:	Pos	ition title:		
Salary:		Length of employment:		
Total household ir	icome:			
Do you owe TTC:				
If yes, Are you in an	active repayment	agreement? Yes No		
Comments:				
Signature		 Date		

(Failure to completely and accurately fill out this form will delay review of this application)

The applicant is advised that they must notify the Capital Department each month of their continued interest to remain on the waiting list.