



Transfer Request Form

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____ Apartment No.: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Alternate Number: (____) _____

Current Bedroom Unit Size: _____

Number of Family Members Currently on Lease _____

Reason for Request

____ Medical Condition

**Must provide supporting documentation from a medical professional*

____ Reasonable Accommodation

**Must provide supporting documentation from a medical professional*

Explain: _____

____ Over Crowded

____ Over Housed

____ Other _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact your assigned Housing Manager.

Resident Signature

Date

Property Manger's Signature

Date

Manager's Comments: _____

Public Housing Authority Department Head/Designee Only

[] Approved [] Denied [] Authorized Bedroom Size

Comments: _____

Signature: _____

Date: _____