

## REQUEST FOR TRANSFER

### PART 1 - TO BE FILLED OUT BY THE FAMILY

NAME:	DATE:
Current Address:	Forwarding Address:
Date I Plan to Move:	

### HOUSING AUTHORITY I AM REQUESTING TO TRANSFER TO:

Name of Housing Authority:	Contact Person:	Phone #:
Mailing Address:	City, State & Zip Code	Fax #:

*I understand that the Housing Authority to which I am requesting to transfer may require current verification of my family composition, income, assets and expenses. I further understand that I must contact that Housing Authority once my transfer is approved to review with them their policies and procedures for transferring there. If my current lease ends prior to being assisted by the receiving Housing Authority I will be responsible for my own housing.*

\_\_\_\_\_  
Signature of Head of Household \_\_\_\_\_  
Date

### PART II - TO BE COMPLETED BY TECHNICIAN:

REVIEW THE FOLLOWING WITH THE FAMILY

1. Transfer procedures (provide copy to family) \_\_\_\_\_ (initial)
2. Move out procedures \_\_\_\_\_ (initial)
3. Damage claims (if applicable) \_\_\_\_\_ (initial)
4. Copy of Housing Voucher \_\_\_\_\_ (initial)

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

### PART III - TO BE COMPLETED BY TECHNICIAN:

This request for transfer is ( ) approved ( ) denied

Reason: \_\_\_\_\_

Date portability Form 50058 mailed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Housing Technician: \_\_\_\_\_  
Date: