

TRANSFER REQUEST FORM

Telephone _____

Name: _____ Date of Request: _____

Address: _____ Social Security #: xxx-xx-_____

Project #: (NC098RHA) Account #: _____ Present Unit Size: _____

Reason for the transfer:

- | | |
|---|---|
| 1. <input type="checkbox"/> Emergency situation | 5. <input type="checkbox"/> Change in family size * |
| 2. <input type="checkbox"/> Relocation for modernization | 6. <input type="checkbox"/> Inadequate housing accommodations |
| 3. <input type="checkbox"/> Incentive for deconcentration goal | 7. <input type="checkbox"/> Eliminate vacancy loss/other expenses |
| 4. <input type="checkbox"/> Alleviate verified medical problems | 8. <input type="checkbox"/> Permit reasonable accommodation |

* For use in determining need for #5 - Change in family size

Total number of people in household: _____

Total number of females: _____ Ages: _____

Total number of males: _____ Ages: _____

Unit size required: _____

Reason for transfer (to determine priority):

Recommendation by:

Public Housing Manager/Specialist Approved Disapproved Date: _____

Executive Director Approved Disapproved Date: _____

Comments: