

TENANT TRANSFER APPLICATION REQUEST

REQUESTED BY: _____ DATE: _____
(Please print tenant's name) (Tenant's Signature)

ADDRESS: _____
(Complete street address, including unit #)

REASON FOR REQUEST: (To be completed by Tenant; must be accompanied with appropriate documentation)

TENANT STATUS (MUST BE COMPLETED):
 I am not aware of any outstanding lease violations
 I am current in rent
 I do not owe money on a repayment agreement

OR MANAGER
(IF BEING RECOMMENDED BY THE MANAGER)

(Please Print Manager's Name) (Manager's Signature)

OFFICIAL DEPARTMENTAL USE ONLY

TO BE COMPLETED BY THE MANAGER:

_____ Date Transfer Request Received _____
Manager=s Signature

REASON FOR REQUEST (See ACOP – TSAP pp 3-5)

De-concentration Demolition, Disposition, Revitalization or Rehabilitation
 Emergency Occupancy Standards Medical Hardship
 Reasonable Accommodations Resident Initiated (charge) Split Family
 Other (Please explain): _____

_____ Current unit size _____ Unit size requested

Tenant does not have any outstanding lease violations Tenant is current in rent
 Tenant is current with agreements

_____ Date of Pre-move-out Inspection Unit Inspection Condition passed failed

COPIES ATTACHED: Transfer List Pre-Move-out Inspection form
 Doctor=s verification Information received confirmed
 Information received not confirmed

Transfer recommended by Manager Transfer not recommended by Manager (see attached)

TO BE COMPLETED BY SUPERVISOR:

_____ Date received by Supervisor Approved Denied

Supervisor=s Signature Date

Original Copy (File) Yellow Copy (Manager/Deputy) Pink Copy (Tenant)

