

TENANT UNIT TRANSFER REQUEST FORM

TENANT NAME: _____

ADDRESS: _____

PHONE #: _____

PRESENT UNIT SIZE: _____ Bedroom(s) (Eff., 1, 2, 3, 4)

REQUESTED UNIT SIZE: _____ Bedroom(s) (Eff., 1, 2, 3, 4)

REASON FOR UNIT TRANSFER REQUEST:

Date

Tenant Signature

*NOTE: Authority will evaluate transfer request and if approved, tenant will be placed on transfer waiting list. All transfers to be carried out in accordance with Authority policy.
There is a \$75.00 Transfer Fee*

.....
AUTHORITY RESPONSE:

Your request for a unit transfer is:

_____ APPROVED You will be notified when the next unit is available.

_____ NOT Approved Reason for disapproval:

****You have the right to a grievance hearing on this determination if you notify the Authority in writing within ten (10) days of this notice.****

Date

Authority Staff