



Date/Time Stamp:

REQUEST FOR TRANSFER APPLICATION

Incomplete transfer requests will not be processed. Please complete all information requested. If a question is not applicable, please write N/A. Make sure you sign this page. **PLEASE PRINT CLEARLY.**

This is a request to move from one LHAND managed apartment to another. LHAND may require you to provide third party verification of the reason for this request.

1. Name of Head of Household: _____
 Current Address : _____ Apt. No. _____
 Daytime Telephone: (_____) _____

2. Reason for Transfer Request: (check one)

- Request for a reasonable accommodation due to a disability or serious or life threatening medical condition. *Must complete the Request for Reasonable Accommodation/Modification Form and attach to this form.*
- Request due to a verifiable threat of physical harm or criminal activity.
- Apartment too small for household Apartment too big for household
- Other (specify) _____

3. Written description of reason for request to transfer: _____

4. Current Apartment size: _____ bedrooms Requested Apartment size: _____ bedrooms

5. Current Household Composition: List everyone living in the household.

| FIRST NAME, MIDDLE INITIAL, LAST NAME | GENDER (MALE/FEMALE) | AGE |
|---------------------------------------|----------------------|-----|
| | | |
| | | |
| | | |
| | | |

APPLICANT'S CERTIFICATION: I certify that the information I have given in this application is true and correct, and I understand that any false statement or misrepresentation may result in the cancellation of my transfer request. I understand that the LHAND will make no more than one offer of an appropriate unit and if I do not accept that offer within 7 days of the date of the written offer, my transfer request will be removed from the transfer list. I authorize the LHAND to make inquiries to verify the information that I have provided in this transfer request.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

 Signature of Head of Household

 Date

