

# Transfer Request

Name of applicant(s) \_\_\_\_\_

Present address \_\_\_\_\_ Phone \_\_\_\_\_

Other household members

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Name	Relationship to applicant	Birth date
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Name	Relationship to applicant	Birth date
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Name	Relationship to applicant	Birth date
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Name	Relationship to applicant	Birth date
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Length of time in present accommodation: \_\_\_\_\_

Reasons for requesting transfer

- Your unit is unlivable
- Substantial family abuse
- Current rent unaffordable
- Medical condition or disability makes your current unit inaccessible, or the unit aggravates the condition, or prevents or substantially increases the cost of treatment. (Please include a doctor's letter, describing your condition, and how a different unit would improve the situation.)
- Unit is too small
- Other reason:

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Type and size of unit needed: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date