

Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org
 Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit entènèt CHA: www.cambridge-housing.org.
 A versão em Português deste documento está a sua disposição no seu Escritório de Gerencia, no Local Central de Gerencia do CHA, e no Website do CHA: www.cambridge-housing.org

TRANSFER REQUEST

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Name: _____ SS #: _____

Development: _____ Tenant Address: _____

Unit Size Occupied: _____ Floor Occupied: _____ Unit Size Requested: _____ Floor Requested: _____

Development/Unit Requested: _____

HOUSEHOLD INFORMATION

Last Name	First Name	Relation To Head	Date Of Birth	Age	Sex	Race	Social Sec. #
		<u>Head</u>					

Reason for Transfer Request:

If this is a Reasonable Accommodation/Medical Transfer request, please contact your property manager for the appropriate form.

Head of Household Signature

Date

TO BE COMPLETED BY PROPERTY MANAGER

CHA Initiated: Yes No

1. Is this household current on rent with no unpaid balances at any time in the past 12 months?

Yes No (check CHA records to make this determination)

If "No", please explain: _____



2. Is this household compliant under a repayment agreement that was initiated more than 12 months prior to Request for Transfer?

Yes No (Must pay balance in full to be eligible for Transfer Waiting List)

If "No", please explain: _____

3. Is this household current on payment to utility supplier for 12 months prior to Request for Transfer?

Yes No (Household must submit current utility bill)

If "No", please explain: _____

4. Is this household in compliance with the terms of the lease?

Yes No (check file for prior compliance issues)

If "No", please explain: _____

5. Has this household met reasonable housekeeping standards with no housekeeping violations?

Yes No (Conduct a housekeeping inspection. Attach copy)

If "No", please explain: _____

6. Has this household destroyed, defaced, damaged or removed any part of an apartment or the development, reflecting a pattern of damage or abuse?

Yes No

If "Yes", please explain: _____

7. Has the reason(s) for transfer been verified? Yes No (Attach copies of applicable verification documents)

Property Manager Recommendation

Approve Disapprove (enter reason for disapproval or any other relevant information)

Administrative Emergency Life Threatening Other

Property Manager Signature

Date

Director/Deputy Director Final Decision

Approve Disapprove (enter reason for disapproval or any other relevant information):

Director/Deputy Director Signature

Date

