King County Housing Authority

OFFICE USE ONLY	
FORM #:	150
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

RESIDENT DETAIL:

Head of Household: _____ Date of Birth: _____

Current Unit #: _____ Telephone No.: () - _____

TRANSFER DETAIL:

Region Requested (circle): Northeast Southeast Southwest

Reason for Transfer (Please choose only one reason and attach all supporting documents):

Category 1 ☐ Emergency, including unit upgrade Category 2 ☐ Immediate Administrative/RA

Category 3 ☐ Administrative (closer to work/doctors) Category 4 ☐ Occupancy Related (Over housed/Under housed)

Please be aware upon offer and acceptance of a unit, the household will undergo a NEW ANNUAL REVIEW OF INCOME AND A NEW RENT CALCULATION BASED ON THIS CERTIFICATION. The security deposit being held for the current apartment will be used to offset any outstanding rent or other charges. If there is a portion of the security deposit remaining, this amount will be refunded to the resident. A NEW SECURITY DEPOSIT AND PRO-RATED RENT WILL BE PAYABLE AT THE "NEW" UNIT. A family will be allowed 7 days to move and complete a transfer. THE FAMILY WILL BE RESPONSIBLE FOR PAYING RENT AT THE OLD UNIT AS WELL AS THE NEW UNIT FOR ANY TIME IN EXCESS OF 7 DAYS. Resident Initial:_____

RECOMMENDATION:

Tenant's current standing: _____

Recommend Approval: ☐ YES ☐ NO Current No. Bedroom: _____

Unit Inspection Date: _____ (include copy of inspection) Bedrooms Required: _____

_____

Property Manager Date

ALL TRANSFERS MUST BE APPROVED BY REGIONAL MANAGER BEFORE PROCEEDING:

Recommend Approval ☐ YES ☐ NO

_____

Regional Manager Date:

REASONABLE ACCOMODATION TRANSFERS ONLY: (Attach Letter)

Recommend Approval ☐ YES ☐ NO

_____

Section 504 Coordinator Date:

CATEGORY 1 TRANSFER AND HA REQUESTED CATEGORY 2 TRANSFER APPROVAL ONLY

Recommend Approval ☐ YES ☐ NO

_____

Director of Property Management Date: