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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 | South | east | Southwest | | | |
| Reason for Transfer (Please choose | only one reason and a | ttach all supporting do | cuments): | | | | |
| Category 1 \square Emergency, including | ng unit upgrade | Category 2 🗌 Imme | ediate Admir | nistrative/RA | | | |
| Category 3 \(\sum \) Administrative (clos | ser to work/doctors) | Category 4 🗌 Occu | pancy Relate | ed (Over housed/Under housed) | | | |
| Please be aware upon offer and ac NEW RENT CALCULATION BASED Coused to offset any outstanding renefunded to the resident. A NEW Swill be allowed 7 days to move and UNIT AS WELL AS THE NEW UNIT F | N THIS CERTIFICATION. t or other charges. If the ECURITY DEPOSIT AND I complete a transfer. T | The security deposit be ere is a portion of the s PRO-RATED RENT WILL HE FAMILY WILL BE RE | eing held fo security depo BE PAYABL SPONSIBLE F | r the current apartment will be osit remaining, this amount will be E AT THE "NEW" UNIT. A family | | | |
| ONIT AS WELLAS THE NEW ONIT I | ON AINT THILL IN LACES. | 3 OI 7 DATS. Reside | iic iiiiciai | | | | |
| RECOMMENDATION: | | | | | | | |
| Tenant's current standing: | | | | | | | |
| Recommend Approval: \Box | YES 🗌 NO | | Current No | o. Bedroom: | | | |
| Unit Inspection Date: | (includ | e copy of inspection) | Bedrooms | Required: | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Property Manager | | | Date | | | | |
| ALL TRANSFERS MUST BE APPROV | ED BY REGIONAL MAN | AGER BEFORE PROCEE | DING: | | | | |
| Recommend Approval 🗌 Y | ES NO | | | | | | |
| Regional Manager | | | Date: | | | | |
| REASONABLE ACCOMODATION TE | ANSFERS ONLY: (Attac | h Letter) | | | | | |
| Recommend Approval 🗌 Y | ES NO | | | | | | |
| Section 504 Coordinator | | | Date: | | | | |
| CATEGORY 1 TRANSFER AND HAR | EQUESTED CATEGORY | 2 TRANSFER APPROVA | AL ONLY | | | | |
| Recommend Approval 🗌 Y | ES 🗌 NO | | | | | | |
| Director of Property Manage | ment | | Date: | | | | |