

## Tenant Transfer Request

This is a request to transfer to another unit. The reason indicated for this request may be subject to third-party verification.

Please Print all Answers in a legible fashion

1. Head of Household: \_\_\_\_\_
2. Current Address: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Current Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
5. Email Address: \_\_\_\_\_

6. Reason for the request is as follows:

- ☐ Health and Safety
- ☐ Under-housed/ Over-housed/
- ☐ Reasonable Accommodation (must submit a Reasonable Accommodation Request Form)
- ☐ Other Good Cause: \_\_\_\_\_

7. Please write a description of the need for your transfer request:

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8. Bedroom Size you live in now (Circle One):

0      1      2      3      4      5 or more

9. Bedroom Size you are requesting (Circle One):

0      1      2      3      4      5 or more

10. Other unit features that you are requesting:

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11. Current Family Composition:

Name	Date of Birth	Sex	Relation to Head of Household	Social Security #

Eligibility for transfer:

In order to be determined eligible to receive a transfer, residents must submit this request to their Property Manager and provide documentation to substantiate their request. In addition, the resident must be in good standing with HANH.

Transfer Procedures:

Please be advised that this request is subject to approval by the Property Manager and the VP of Operations. Once approved, the request will be forwarded to the LIPH Intake Supervisor or Designee for placement of the household on the transfer waiting list.

Certification:

I certify that the information I have given in this request is true and correct, and I understand that any false statement or misrepresentation may result in the cancellation of this request. I Authorize 360 Management Group to verify the information provided in this request.

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Signature of the Head of Household

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Date

FOR OFFICE USE ONLY:

**Determined in Good Standing:** ☐ Yes ☐ No    **If no, note reason** \_\_\_\_\_

**Property Manager Recommendation:** ☐ Approved ☐ Denied

**If denied, note the reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If approved select the reason for administrative transfer:

☐ Emergency transfer:

☐ Maintenance conditions (list conditions): \_\_\_\_\_  
\_\_\_\_\_

☐ Relocation due to redevelopment or modernization of current development

☐ Problems of violence that are less than life-threatening

☐ Under Housed/Over-housed

☐ Family is occupying a unit with accessible or special features that are not needed by the occupant

☐ Urgent

☐ Targeted Violence

☐ Inadvertent violence

☐ Reasonable Accommodations for a unit with accessible features (must also submit a Reasonable Accommodations form)

☐ Reasonable Accommodations for persons other than those needing accessibility features

\_\_\_\_\_  
**Property Manager Signature**

\_\_\_\_\_  
**Date**

**VP of Operations recommendation:** ☐ Approved ☐ Denied

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**VP of Operations Signature**

\_\_\_\_\_  
**Date**

**EVP's recommendation:** ☐ Approved ☐ Denied

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If emergency:**

**Presidents' recommendation:** ☐ Approved ☐ Denied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**President Signature**

\_\_\_\_\_  
**Date**

Waitlist Department:

**Received on:** \_\_\_\_\_

**Placed on transfer list on:** \_\_\_\_\_

**Preference assigned:** \_\_\_\_\_

**Entered in Elite by:** \_\_\_\_\_

QC Signoff:

\_\_\_\_\_  
**Compliance Manager Signature**

\_\_\_\_\_  
**Date**

If the original transfer level is escalated after the transfer is approved complete the following:

Waitlist Department

Request returned to Operation on: \_\_\_\_\_

**VP of Operations recommendation for escalation of original request:** ☐ Approved ☐ Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**VP of Operations Signature**

\_\_\_\_\_  
**Date**

**EVP recommendation:** ☐ Approved ☐ Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**EVP of Operations Signature**

\_\_\_\_\_  
**Date**

**If escalating to emergency:**

**President recommendation:** ☐ Approved ☐ Denied

\_\_\_\_\_  
**President Signature**

\_\_\_\_\_  
**Date**

Waitlist Department:

**Returned to Waitlist on:** \_\_\_\_\_

**Status on transfer list updated on:** \_\_\_\_\_

**Preference assigned:** \_\_\_\_\_

**Entered in Elite by:** \_\_\_\_\_

QC Signoff:

\_\_\_\_\_  
**Compliance Manager Signature**

\_\_\_\_\_  
**Date**