

ALBANY HOUSING AUTHORITY

TRANSFER REQUEST FORM

MOVE IN DATE: _____

NAME: _____

DATE OF REQUEST: _____

ADDRESS NOW: _____

Complete list for EVERYONE living with you now:

FULL NAME OF HOUSEHOLD MEMBERS	RELATIONSHIP	SEX	DATE OF BIRTH

Have you ever filed a transfer request before? _____ If so, when? _____

Were you transferred with AHA before? _____

If so, what was your old address? _____

For what reason are you requesting a transfer now? _____ Medical _____ Underhoused
_____ Overhoused _____ Witness Relocation _____ Other

Explain in detail the reason you are requesting a transfer:

Please specify the size, floor, and location you are requesting:

(NOTE: This does NOT in ANY way guarantee that you will be approved for what you request, only that it will be taken into consideration.)

In consideration of your granting my request to be transferred to another apartment, I agree to comply fully with the following conditions:

1. I will take full responsibility for moving all my personal belongings, including all relocation costs (cable, phone, etc.) from the apartment that I presently occupy to the apartment I am transferring to.
2. I will pay for any damage to my old apartment and/or its equipment which was occasioned by my occupancy.
3. I also understand that no transfers will be authorized unless all balances due are paid in full, my apartment passes inspection, and I have no history of lease violations.
4. I understand that refusal of a unit offered for transfer without reasonable cause will result in lease termination.
5. I understand that it is my responsibility to give my manager notice of my intent to accept the transfer when offered by the dates indicated in the assignment letter, and will do a final inspection with my manager after vacating my old unit.

Signed by tenant: _____ Date: _____

Witnessed by: _____ Date: _____