

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 intènèt 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: \_\_\_\_\_ Is this a tax credit unit?  Yes  No

Unit Size Occupied: \_\_\_\_\_ Floor Occupied: \_\_\_\_\_ Unit Size Requested: \_\_\_\_\_ Floor Requested: \_\_\_\_\_

Development/Unit Requested: \_\_\_\_\_ Phone: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

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

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 family within its first year of tax credit eligibility?  
 Yes  No Original Move-In Date to Current Unit: \_\_\_\_\_
  
2. 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: \_\_\_\_\_
  
3. 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: \_\_\_\_\_
  
4. 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: \_\_\_\_\_
  
5. Is this household in compliance with the terms of the lease?  
 Yes  No (check file for prior compliance issues)  
If "No", please explain: \_\_\_\_\_
  
6. Has this household met reasonable housekeeping standards with no housekeeping violations?  
 Yes  No (Conduct a housekeeping inspection. Attach copy)  
If "No", please explain: \_\_\_\_\_
  
7. 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: \_\_\_\_\_
  
8. Has the reason(s) for transfer been verified?  Yes  No (Attach copies of applicable verification documents.)
  
9. Is the most recent tenant worksheet included?  Yes (The most recent tenant worksheet must be included.)
  
10. Manager understands the household must have a new LIHTC certification approved before a unit offer is made or transfer is processed.  Yes (Please acknowledge.)

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**Property Manager Recommendation**

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

Administrative  Emergency  Life Threatening  VAWA



Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Manager Signature

Date

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**Director/Deputy Director Final Decision**

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

Director/Deputy Director Signature

Date

