

**David City Housing Authority
TRANSFER REQUEST**

Tenant: _____ **Apt. #** _____ **Date:** _____ **Time:** _____

Request Transfer to: **Efficiency** **1 BR** **2 BR** **Handicapped Accessible**

Reason for Request:

Resident Hardship

The unit is unsuitable to the Resident because of affordability, undue medical, physical or mental hardship and units of appropriate size and suitability are available offered by programs of the DCHA such that a transfer may reasonably be expected to provide relief for the financial, medical, physical or mental needs of the Resident. Such hardship shall be verified by financial information, a medical or psychological provider or as directed by the executive director or his designee. Such transfer may be made at DCHA expense with reimbursement by the affected Resident.

Explain:

Convenience of the Resident

Transfers within a development or between programs requested for convenience of the Resident may be permitted such as for reasons of health, proximity to work, proximity of family, churches, schools, shopping, etc., all will be considered by the executive director or his designee and granted at the Housing Authority's discretion. Such transfers will be made at the Resident's expense.

Explain:

Signature of Tenant: _____ Date: _____

OFFICE USE ONLY

Request Review:

Eligible for Transfer:

Ineligible for Transfer:

DCHA Representative _____ Date: _____

I am no longer interested in a transfer.

Signature of Tenant _____ Date: _____ Time: _____