

## UNIT TRANSFER REQUEST

Please complete the unit transfer request and submit it to the management office during regular business hours. Please contact us at 518-272-8289 with any questions.

Tenant Name:		Date:	
Current Address:		Unit # :	
Tenant Phone #:		Unit Size:	

<b>For Office Use Only:</b>		
Date application received _____	Time application received _____	By _____

The following people request to be transferred to a different unit on this property:

Name	Relationship
	<b>Head of Household</b>

<input type="checkbox"/> There is a need for a unit transfer because of a change in household size and/or composition
<input type="checkbox"/> There is a need for a unit transfer based on the verified need for an accessible unit
<input type="checkbox"/> There is a verified medical need for a different unit
<input type="checkbox"/> There is a need for a unit transfer of a household that does not require the accessibility features of a unit in which they are living to accommodate a disabled resident/applicant on the waiting list
<input type="checkbox"/> Availability of Deeper Subsidy
<input type="checkbox"/> The household has indicated a desire to move to a different unit <b>Please explain why:</b>
<input type="checkbox"/> If two or more adult household members reside in one unit and one or more adults chooses to apply for a separate unit, they will be required to submit an application. The application will be reviewed for eligibility as described above and if approved, that applicant will receive preference over other non-residents as described in the selection order

All adults must sign the request:

Resident Signature:		Date:	
Resident Signature:		Date:	
Resident Signature:		Date:	

Internal Use Only

This transfer request has been:		Approved		Denied
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