

**SAVIN ROCK COMMUNITIES
PUBLIC HOUSING**

Resident Transfer Request Form

Head of Household Name: _____

Site Name: _____

Current Address: _____

Home Phone: () _____ **Work Phone:** () _____

Last Four Digits of SS#: _____

1. This is a request to transfer to another unit. The reason indicated for this request may be subject to third party verification, Please write a description of the need for your transfer request:

2. Bedroom size you live in now (**check one**):

0 1 2 3 4

- Bedroom size you are requesting (**check one**):

0 1 2 3 4

3. Other unit features you are requesting:

4. Current Family composition:

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

ELIGIBILITY FOR TRANSFER:

In order to be determined eligibility to receive a transfer, residents must submit this request to their Housing Manager and provide documentation to verify their request. In addition, the resident may be required to be in good standing with SRC.

TRANSFER PROCEDURES:

Please be advised that this request is subject to approval by the Site Manager and Director of Asset Manager. Once approved, the household will be 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 the Savin Rock Communities to verify the information provided in this request.

Signature of Head of Household

Date

Signature of Requestor

Date

Signature of Housing Manager

Date

*Return this form to your
Housing Manager*

FOR OFFICE USE ONLY:

Emergency Transfer: Administrative Transfer: Resident Initiated Transfer:

Reason for Emergency or Administrative Transfer:

- Relocation due to redevelopment or modernization
- Family occupies a unit with accessibility or special features and are not needed by the occupant
- Emergency transfer due to uninhabitability of unit or life, health or safety of the resident
- Protection of victims and witnesses
- Under-Housed
- Over-Housed
- Victim of Domestic Violence
- Reasonable accommodation
- Other emergency transfer reason: _____

Resident in Good Standing: Yes No

Housing Manager or SRC Representative: Approved Denied

Reason for recommendation: _____

Housing Manager Signature Date

.....
Director of Asset Management: Approved Denied Pending

Reason for recommendation:

Director of Asset Manager Signature Date

.....
For Emergency Transfer:
 Approved Denied Pending

Executive Director Date

.....
Wait List Information:

1) Date placed on transfer list ____/____/____

LIPH Housing Manager Date

LIPH Director of Asset Management Date