

Internal Transfer Request

Name of Applicant(s) _____ Date: _____

Current Unit/Address _____

Length of Residence in Current Apartment: _____

Reason For Transfer Request:

- Substantial abuse
- Your unit is too small
- Current rental rate is unaffordable
- Medical condition or disability makes your unit inaccessible, or the unit aggravates your medical condition, or increases the cost of your treatment. Please include a doctor's letter, outlining your medical condition and how a different apartment would improve the situation.

Other Reason: _____

- Size/type of unit requested:

Signature: _____

Date: _____