



Brookline Housing Authority

OFFICE USE ONLY

Development(s): _____

Preference: _____

Unit Type: _____

App ID: _____

TRANSFER APPROVAL FORM

Head of household:			
Address:		City:	State: Zip:
Phone #:		E-mail:	
Transfer initiated by:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Brookline Housing Authority	
Current Bedroom Size:		Requested Bedroom Size:	

HOUSEHOLD COMPOSITION							
#	HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	SSN #	SEX	RACE/ETHNICITY	DISABLED
1.		HOH			F / M		Y / N
2.					F / M		Y / N
3.					F / M		Y / N
4.					F / M		Y / N
5.					F / M		Y / N
6.					F / M		Y / N
7.					F / M		Y / N
8.					F / M		Y / N

REASON FOR TRANSFER	
<i>Transfers require supporting documentation</i>	
<input type="checkbox"/> Federal VAWA Transfer (VAWA form 5383 and DV documents must be attached to this request)	<input type="checkbox"/> Relocation due to Redevelopment
<input type="checkbox"/> State VAWA Transfer (DV documents must be attached to this request)	<input type="checkbox"/> Reasonable Accommodation based on disability. (<i>Reasonable Accommodation form or medical letter must be attached to this request</i>)
<input type="checkbox"/> Underhoused/Over Housed: Change in Family Composition	Other: _____

Property Managers Recommendation: _____

Property Managers Signature

Date

Director of Management Decision: _____

Director of Management Signature

Date

PLEASE RETURN COMPLETED APPLICATION TO YOUR PROPERTY MANAGER