



TRANSFER REQUEST - OUTSIDE OF RECERTIFICATION

Clients who are part of the Philadelphia Housing Authority's Housing Choice Voucher Program must receive PHA approval prior to moving. Complete this form and provide any supporting documentation in reference to your transfer request to your PHA representative. Once a decision is reached you will be contacted by the Leasing and Moves Department regarding the next steps in the transfer process.

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household Name _____ Client ID Number _____

Address _____ PHILA PA _____ City, State _____ Zip Code _____

Phone: _____ Email Address: _____

Do you have any recent changes to household family composition? Yes No
If yes, you must complete an Appointment Request form to schedule an appointment first.

I hereby certify that I am requesting a **transfer** to another unit based on the supporting *documentation* I have provided.

Head of Household Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

FOR PHA USE ONLY

Representative must obtain **verification** to support the transfer request and will forward the request and file to the Team Lead for review. If the transfer is approved, the Team Lead will forward the file and this transfer request form to the Leasing and Moves Dept. If the transfer is not approved, the representative prepares and sends a denial letter to the family.

Please verify the reason for the transfer:

- 1. Client provided verification to support a VAWA Transfer. (Attach completed VAWA form)
- 2. Client's current unit exceeds Maximum HQS Space Standards. Family size ____ Unit size ____
- 3. Client provided Landlord/Tenant Court documentation regarding **Eviction**.
- 4. Client qualifies as a triennial recertification, is in good standing and the initial lease term has expired as of _____
- 5. Client provided documentation regarding a reasonable accommodation (3rd party form must be provided).
- 6. Client requests transfer based on failed HQS inspection (Must attach HQS Transfer Approval form from Inspection Department)
- 7. Client requests transfer based on Rent Burden (Contract rent increased over voucher payment standard)
- 8. Client requests transfer based on Mutual Dissolution of Lease signed by both owner and tenant.
- 9. Other. Please explain _____

Leasing Specialist Print Name and Signature _____ Date _____

Team Lead Print Name and Signature _____ Date _____

Approved

Denied Explain: _____