

Peoria Housing Authority

Moving Families Forward

PUBLIC HOUSING ADMINISTRATIVE TRANSFER REQUEST

NAME: _____ CURRENT SITE: _____

ADDRESS: _____ APT. # _____ PHONE: _____

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS? YRS. _____ MOS. _____

HOW MANY WILL BE IN YOUR HOUSEHOLD: _____ BEDROOM SIZE NEEDED: _____

NUMBER OF CHILDREN: _____ MALE AGE _____ FEMALE AGE _____

MALE AGE

FEMALE AGE

REASON FOR TRANSFER REQUEST:

I UNDERSTAND THE QUALIFICATIONS FOR TRANSFERRING:

1. I MUST HAVE RESIDED IN MY PRESENT APARTMENT FOR 2 YEARS.
2. I HAVE NOT BEEN LATE WITH MY RENT FOR 12 MONTHS PRIOR TO APPROVAL OF THIS REQUEST.
3. MY FAMILY COMPOSITION IS IN LINE WITH THE OCCUPANCY GUIDELINES.

DATE: _____ RESIDENT SIGNATURE: _____

APPROVAL: _____ DISAPPROVAL: _____

MANAGER SIGNATURE: _____ DATE _____

MANAGER'S COMMENTS:

