



TRANSFER APPLICATION STATE-AIDED PUBLIC HOUSING

FOR OFFICE USE ONLY			
Date of Receipt	_____		
Time of Receipt	_____		
Application No.	_____		
Bedrooms:	1	2	3
Verification:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

This is an application to transfer to another publicly aided housing unit administered by the Attleboro Housing Authority. This Housing Authority requires that a TRANSFER APPLICATION include **third-party verification** of the reason for this request.

1. Name of Applicant: _____
- Current Address: _____ Telephone #: _____
- Social Security Number: _____ Date of Birth: _____

2. Reason for Request:
- Under-housed Over-housed Medical Other

3. Reason for request to transfer (please describe in detail):
- _____
- _____
- _____
- _____

I certify that the information I have given in this Application is true and correct, and I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that this Housing Authority will make no more than one offer of an appropriate unit and, if I do not accept that offer, I will lose my priority status and my application will be put at the bottom of the waiting list. In the case of a transfer due to my being over- or under-housed, should I fail to accept the unit offer, I understand that I will be charged rent in the amount of 150% of what would otherwise have been charged, and the Authority will commence legal proceedings to terminate my tenancy [760 CMR 6.06(5)(b)].

Applicant's Signature

Date

Interviewer/Reviewer's Signature

Date