

Arlington Housing Authority
4 Winslow Street
Arlington, MA 02474-3062
781-646-3400

THIS BOX IS FOR OFFICE USE ONLY

Date of Receipt	_____
Time of Receipt	_____
Control Number	_____
Bedrooms	_____

TRANSFER APPLICATION FOR STATE-AIDED PUBLIC HOUSING

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

This is an application to move from one Housing Authority managed-apartment to another. The Housing Authority may require you to provide third-party verification of the reason for this request.

PLEASE PRINT

1. Name of Applicant _____

Current Address _____ Apt. No. _____

Home Telephone _____ Work Telephone _____

2. Reason for Request (check one)

- | | |
|------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Apartment too small for household | <input type="checkbox"/> Medical Reasons |
| <input type="checkbox"/> Apartment too big for household | <input type="checkbox"/> Other (specify) _____ |

3. Written description of reason for request to transfer _____

4. Current Apartment Size _____ bedrooms

5. Current Household Composition:

First name, middle initial, and last name of
everyone living in the household

Sex

Age

APPLICANT'S CERTIFICATION

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 the Housing Authority will make no more than one (1) offer of an appropriate unit and if I do not accept that offer within seven (7) days of the date of the written offer, my application will be removed from the transfer list. I authorize the Housing Authority to make inquiries to verify the information that I have provided in this application.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature

Date

Reviewer's Signature

Date