



APPLICATION FOR APARTMENT TRANSFER

I, _____

living at _____

request to be transferred from a _____ bedroom to a _____ bedroom.

Telephone Number _____ Message Phone _____

My family consists of: (list all family members including yourself)

	Name	Birthdate	Age	Sex
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

In order to be placed on the transfer list it is understood by me that the following requirements must be fulfilled:

1. The established security deposit must be paid in full. Should there be an unused balance on the present deposit it will be refunded after the move.
2. Any and all outstanding charges on my account must be paid in full
3. A pre-transfer inspection of the presently occupied unit will be performed to determine any damages or repairs that must be made. The estimated repair costs must be paid before the transfer is granted. If the estimated repair is less than the actual cost, the difference will be credited to my account. If the repair costs are greater than the estimate, a schedule for payment will be made in accordance with Housing Connect policies.
4. It is understood by me that the transfer fee is \$300.00. This is in addition to the security deposit. If the transfer is to comply with a request for reasonable accommodation or an authorized bedroom size change, the transfer fee will be waived.
5. It is understood by me that my record of complying with Housing Connect lease agreement, addendum and regulations will be considered as well as housekeeping habits, previous disturbances and valid complaints from other Residents before being placed on the waiting list.
6. It is understood by me that upon approval of this request that my name will be placed on a waiting list in accordance with Housing Connect procedures.

Signed and Dated: _____

My reason for desiring a transfer is: _____

