



Jefferson Metropolitan Housing Authority



Tenant _____

Address _____

BR Size _____

Why are you requesting a transfer? _____

Members of Household	Age	Sex	Relationship
Head			
2			
3			
4			
5			

Signature of Tenant _____

Date _____

Tenant is: (check off)

↓ **OFFICE USE ONLY** ↓

_____ in compliance with lease _____ current in all payments to HA _____ Meeting house keeping standards

Transfer Category: _____ Enter 1,2,or 3. See Section 16.2 of Admissions and Continued Occupancy Policy.

- 1) emergency transfer 2) immediate administrative transfer 3) regular administrative transfer

Transfers to Scattered Sites: See Section 16.4 fo Administrative and Continued Occupancy Policy. If tenant is requesting a transfer to a scattered site, the family must meet the following criteria. (check off)

_____ Has been a tenant for three years

_____ For a minimum of one year at least one adult family member is enrolled in an economic self-sufficiency program or is working at least thirty-five (35) hours per week, the adult family members are 62 years of age or older or are disabled or are the primary care giver to others with disabilities.

_____ Adult members who are required to perform community service have been current in these responsibilities since the inception of the requirement or for one year, whichever is less:

_____ The family is current in the payment or all charges owed JMHA and has not paid rent late for at least one year:

_____ The family passes a current housekeeping inspection and does not have any record of housekeeping problems in the past year;

_____ the family has not materially violated the lease over the past two years by disturbing the peaceful enjoyment of their neighbors by engaging in criminal activity, or by threatening the health or safety of tenants or Housing Authority staff;

_____ Participantes in a series of classes conducted by JMHA on basic home and yard care.

Transfer recommended: Yes No

Property Manager _____ Date _____

Transfer approved: Yes No

Executive Director _____ Date _____

To Project 14- _____ Unit _____ BR size _____ TRANSFER NO. 00- _____