THIS BOX IS FOR OFFICE USE ONLY

Date of Receipt: _____

Time of Receipt: _____

Control Number: _____

Bedrooms: _____

Stoughton Housing Authority
4 Capen Street
Stoughton, MA 02072
781-344-6599

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.

(PLEASE PRINT)

This is an application to move to another Housing Authority-managed apartment within the same development. The Housing Authority requires that you attach third party verification of why you are requesting this transfer. Your application will be denied if no supporting documentation is submitted with this application.

1. Name of Applicant: _____

   Current Address: _____ Apt. No._____

   Social Security Number: _____ Date of Birth: _____

   Home Telephone: (_____)_____ Work Telephone: (_____)_____

2. Reason for Request: (circle one)

   Apartment too small for household — Medical reasons

   Apartment too big for household — 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	Date of Birth	Sex	Social Security No.

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 offer of an appropriate unit and if I do not accept that offer within 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