

Request to Move/Transfer to another Housing Authority

Participant Information

Date: _____

Full Name: _____
Last *First* *M.I.*

Current Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Daytime Phone: _____ Alternate Phone: _____

Email _____

Reason for Move _____

Date You Intend to Move from Current Unit _____

Are you requesting to transfer to another Housing Authority? Yes No

New Housing Authority Information

(Only complete this section if you are transferring to another Housing Authority, otherwise leave it blank)

Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact Name: _____ Email: _____

Important Information

Note: Moving requirements must be met before you can move to another unit or transfer to another Housing Authority.

	Yes	No
Have you given your current Landlord proper notice to vacate?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in good standing with your current Landlord?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in good standing with the Housing Authority of Prince George's County?	<input type="checkbox"/>	<input type="checkbox"/>
Are you being evicted from your current unit?	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____

