



2575 Grand Canal Blvd. Stockton, CA 95207
209-460-5000/TDD 711 or 1-800-855-7100

Public Housing Transfer Request

Name: _____ Last 4 SSN: _____

Unit Address: _____ Phone: _____

A. I request that the Housing Authority transfer my family to an available unit based on the following reason(s) ("x").

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- I need to transfer to alleviate verified medical problem(s) and I am not disabled
1. Family member requiring accommodation: _____
 2. Describe features are you requesting to alleviate verified medical problem(s)?:

3. Please attach a verification from a medical professional or person knowledgeable of the persons medical problem(s) and need for accommodation

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- I need a unit with more bedrooms due to family size and/or composition
1. # unit # # Requested #
bedroom(s): _____ Adults: _____ Children: _____ bedrooms?: _____
 2. Please attach a written statement describing the circumstances causing a transfer request based on family size/composition

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- I need to move due to a verified threat of physical harm or criminal activity including domestic violence, dating violence, sexual assault, or stalking
1. Are you requesting a transfer because you are the victim of domestic violence, dating violence, sexual assault, or stalking No Yes
 - a. Yes, please complete and attach HUD 5383
 - b. No, please attach a written statement describing the threat of physical harm and/or criminal activity leading to this transfer request. Describe any measures taken to remedy this situation. Provide any documentation related to criminal activities and/or remedies taken.

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- I have been an HACSJ resident for (2) years and I have a good rental history. I would like to be transferred to a new or modernized unit
1. Please complete and attach Incentive Verification form
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I am disabled and need to transfer as a reasonable accommodation to alleviate verified non-life-threatening medical problem(s)

1. Please complete and attach Verification of Disability & Need for Reasonable Accommodation

I need to move to be closer to work, school or support services/relatives

1. Number of miles (one way): _____ Round trips per week: _____

2. Please attach a written statement describing your current source of transportation and the circumstances surrounding this request

Other

1. Please attach a written statement describing circumstances surrounding this request and provide any supporting documents

B. Your transfer request may require you to move outside your current property. Also, selecting additional property(s) may expedite your transfer request. Please indicate additional HACSJ properties you are willing to transfer to:

Sierra Vista Homes

Conway Homes

Tracy Homes

Mokelumne Manor

C. I certify I have provided all required information and documentation for this request and the information is accurate and true. I understand failure to accept appropriate units to transfer, without good cause, will result in prohibition from requesting another transfer for (1) year.

Signature: _____

Date: _____

HACSJ Use Only:

Approved

Denied

_____ # Bedrooms

HACSJ Staff: _____

Date: _____

Notes: _____
