

REQUEST FOR TRANSFER

CLIENT NO. _____

UNIT NO. _____

DATE OF REQUEST: _____

NAME OF HEAD OF HOUSEHOLD: _____

STREET ADDRESS: _____ APT NO: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO: _____

SELECT REASON FOR REQUEST FOR TRANSFER

Please explain reason in lines provided.

Request for a reasonable accommodation due to a disability or serious or life threatening medical condition.

**MUST FILL OUT REASONABLE ACCOMODATION
REQUEST FORM AND ATTACH TO THIS FORM**

Request due to a verifiable threat of physical harm or criminal activity

Request due to larger/smaller family size

Request due to the head of household or spouse being employed 25 miles or more from the public housing unit, having no reliable transportation and public transportation is not adequate

(Please turn over)

REASONS FOR POSSIBLE DENIAL OF REQUEST

Section 12-III.B. TYPES OF RESIDENT REQUESTED
TRANSFERS of HACC'S Admission and Continued Occupancy Policy reads:

HACC Policy

The types of requests for transfers that HACC will consider are limited to requests for transfers to alleviate a serious or life threatening medical condition, transfers due to a threat of physical harm or criminal activity, reasonable accommodation, transfers to a different unit size as long as the family qualifies for the unit according to HACC's occupancy standards, and transfers to a location closer to employment. No other transfers will be considered by HACC.

When there has been a verified threat of physical harm or criminal activity. Such circumstances may, at HACC's discretion, include an assessment by law enforcement indicating a threat of criminal attack, potential retaliation for testimony, or where the tenant is a victim of a hate crime or domestic violence.

When a family requests a transfer as a reasonable accommodation. Examples of a reasonable accommodation transfer include, but are not limited to, a transfer to a first floor unit for a person with mobility impairment, or a transfer to a unit with accessible features.

When a family requests a larger bedroom size unit even though the family does not meet HACC's definition of overcrowded, as long as the family meets HACC's occupancy standards for the requested size unit

When the head of household or spouse is employed 25 miles or more from the public housing unit, has no reliable transportation and public transportation is not adequate

Transfers requested by the tenant are considered optional for the tenant.

TENANT STATEMENT:

I understand that the transfer I have requested is optional and that HACC has full authority to deny my request due to reasons stated above.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

RETURN FORM TO:
TENANT'S CURRENT PROPERTY MANAGER AT
THE HOUSING AUTHORITY OF THE COUNTY OF COOK

FOR OFFICE USE ONLY

Transfer was: [] Denied Date: _____

Reason being: _____

Transfer was: [] Approved Date: _____

Reason being: _____

NAME OF LOCAL MANAGER

SIGNATURE

DATE



The Housing Authority of the County of Cook does not discriminate in the admission or access to this program on the basis of race, color, religion, ethnic origin, gender, source of income, disability, age or familial status.