

TRANSFER – TENANT REQUEST FOR TRANSFER	NEW YORK CITY HOUSING AUTHORITY	B. ACCOUNT #:	
	A. DEVELOPMENT:	C. CASE #:	D. VOUCHER #:

1. NAME (Print)		2. TELEPHONE	
3. ADDRESS			4. APT. #
			5. # OF ROOMS
6. NAME	7. DATE OF BIRTH	8. RELATIONSHIP	

E. TRANSFER FAMILY SIZE:

F. REASON FOR TRANSFER REQUEST:

G. COMMENTS:

H. REASONABLE ACCOMMODATION

1. If you are requesting a transfer as a Reasonable Accommodation due to a mobility impairment, select one of the choices below. Please also submit NYCHA Form 040.426 Disability Verification along with your transfer. If the disability is visible medical verification is not required.

If you transfer to a Non-504 Apartment (or you currently live in a Non-504 Apartment and are waiting to transfer to a 504 Apartment), you may request modifications to make your Non-504 Apartment more usable to accommodate your mobility impairment by completing Form 040425 or speaking to your Property Management Office.

<input type="checkbox"/> A 504 Apartment, i.e. a modified apartment that is fully accessible for a person with a mobility impairment. (If you select this option, you can be selected for only a 504 Apartment)	<input type="checkbox"/> Non-504 Apartment (an apartment that is not fully accessible for a person with a mobility impairment) in a building with an Accessible Entrance (You will be selected for a Non-504 Apartment and may discuss with your Property Management Office and/or review the Development Guide for Accessible Entrances for information about the number and types of apartments in buildings with accessible entrances available to be selected from the Transfer Guide.)
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2. Do you require a larger apartment due to your medical needs?

* If Yes, please complete and submit NYCHA Form 040.426. Y* N

3. Do you require an apartment on a lower floor?

If Yes, please complete and submit NYCHA Form 040.426. Y N

4. Do you need to transfer for Other Medical Needs?

Y Type of Accommodation Requested _____

You may consult with your Property Management Office concerning your transfer options described on this form.

1. Do you require an apartment for seniors only?

Y N

(To be eligible for a senior building, the head of household, or at least one co-lessee, and all other household members must be at least 62 years of age.)

J. TRANSFER OPTIONS

1. FOR A TRANSFER WITHIN THE CURRENT NYCHA-OWNED OR NYCHA-MANAGED DEVELOPMENT:

INTRA (Transfer in current NYCHA development)

2. FOR A TRANSFER TO A DIFFERENT NYCHA-OWNED OR NYCHA-MANAGED DEVELOPMENT:

INTER (Transfer to another NYCHA development) Borough of Choice: _____

Development of Choice: _____

K. TENANT TRANSFER CONDITIONS

IF I AM GRANTED A TRANSFER, I ACCEPT THE FOLLOWING CONDITIONS:

- I must vacate my current apartment leaving it empty and unoccupied. I understand that I will not receive a lease to the new apartment unless my old apartment is left empty and unoccupied.
- I must securely lock my current apartment door and return all keys to your Property Management Office.
- RENT OBLIGATION:**
 - New Apartment:** Rent for the new apartment begins the date the keys are ready.
 - Current Apartment:** I may be responsible for up to fifteen (15) days rent on my current apartment after I have moved out.
- I may also be responsible for miscellaneous charges on my current apartment, undeterminable at this time, resulting from, but not limited to, removal of wallpaper, removal of floor coverings, replacement of fixtures, removal of debris, etc. I agree to pay all such charges immediately or within a mutually agreed upon time period when notified by Management.

5. Any money not paid when due can be collected in any court of competent jurisdiction.

6. If I move to another NYCHA development, I agree as follows:

- Any unpaid money due NYCHA may be collected in any court of competent jurisdiction including by a summary non-payment proceeding in the Civil Court of the City of N.Y.
- Any termination of tenancy proceedings that could commence against me in my current apartment may commence or continue against me in my new apartment. Any conditions placed against my tenancy while in the current apartment (for example: probation or permanent exclusion) shall remain valid and apply to me in the new apartment.

All conditions listed in this document will be deemed to constitute a LEASE AMENDMENT and will be fully effective against me and the entire tenancy in my new apartment.

A. TENANT'S SIGNATURE

B. DATE:

A translation or larger-font version of this document is available from the Customer Contact Center and your Property Management Office. NYCHA is providing the translation for your information only. Please fill out the English language version of the document.

La traducción o una versión con letra de mayor tamaño de este documento está disponible en el Centro de Atención al Cliente y en la Oficina de Administración de su residencial. NYCHA está suministrando la traducción en español sólo para su información. Por favor, llene la versión en inglés del documento.

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