

Taunton Housing Authority
30 Olney Street, Suite B
Taunton, MA 02780-4141
508-823-6308

THIS BOX IS FOR OFFICE USE ONLY

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Bedrooms: _____

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 from one state managed apartment to another. 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 #
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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
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Reviewer’s Signature	Date
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