

# Moundsville Housing Authority

501 Tenth Street – Moundsville, WV 26041  
Phone (304) 845-3141 – Fax (304) 845-3147

## REQUEST FOR TRANSFER APPLICATION

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Incomplete transfer requests will not be processed. Please complete all information requested. If a question is not applicable, please write n/a. make sure you sign this page. **PLEASE PRINT CLEARLY.**

This request is to move from one unit to another unit with the Moundsville Housing Authority. MHA may require you to provide third party verification of the reason for this request.

1. Name of Head of Household: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Reason for Transfer Request (check one)

- Request for a reasonable accommodation due to a disability or serious or life-threatening medical condition.  
(Must complete the Request for Reasonable Accommodation/Modification Form and attach to this form)
- Request due to a verifiable threat of physical harm or criminal activity
- Apartment is too small for household
- Apartment is too big for household
- Other(specify): \_\_\_\_\_

3. Written description of reason for request to transfer: \_\_\_\_\_  
\_\_\_\_\_

4. Current Apartment Size: \_\_\_\_\_ Bedrooms

5. Requested Apartment Size: \_\_\_\_\_ Bedrooms

6. Current Household Composition: list everyone in the household

First and Last Name	Male/Female	Age

**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 transfer request. I understand that the MHA will make no more than one offer of an appropriate unit and if I do not take that offer within 3 days of the date of the offer, my transfer request will be removed from the transfer list. I authorize MHA to make inquiries to verify the information that I have provided in this request.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE