

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. SENIOR DEVELOPMENTS:

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.)



I. REASONABLE ACCOMMODATION

1. Pending your transfer or, at any time after transferring, you can request modifications to your current apartment to make it more usable to a person with a physical disability or mobility impairment by filling *Modification Request, NYCHA Form 040.425*. Please contact your Property Management Office for any question about your Reasonable Accommodation transfer or if you need an apartment modification.

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

☐ **A 504 Apartment**, modified to be fully accessible for a person with a mobility impairment. (If you choose this option, you can be selected for only a 504 Apartment)

☐ **Standard apartment in a building with an Accessible Entrance**, not modified to be fully accessible. (If you select this option, you will only be selected for this apartment type). Contact your Property Management Office to discuss options and review the Development Guide for Accessible Entrances.

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.

5. Do you or an authorized household member use a motorized wheelchair or other power-driven mobility device (as opposed to a standard device)?

NYCHA may seek documentation verifying their use of such wheelchair or device within 14 days of submission of the form (*if it is not readily apparent that they use such device*). ☐ Y ☐ N

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:

1. 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.
2. I must securely lock my current apartment door and return all keys to your Property Management Office.
3. **RENT OBLIGATION:**
 - **New Apartment:** Rent for the new apartment begins the date the keys are ready.
4. 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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NYCHA所提供的文件譯本僅供參考。請填寫文件的英文版本。

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