APPENDIX E: TRANSFER REQUEST FORM

TO BE COMPLETED BY PROGRAM COORDINATOR OR PROPERTY MANAGER AND SUBMITTED TO CE MANAGER.

Note: This form will only remain active for 90 days. If household is still in need of transfer after 90 days, a new form must be submitted.

Date: ______________ Name of Staff Requesting Transfer: ____________________________________________________________

Head of Household Name: ___________________________________________ Program Entry Date: ____________________________

Current Housing Program: __________________________________________

Number of People in Household: ___________ Number of Minor Children: ___________

Transfers are limited to those that meet eligibility and prioritization standards listed in the Program Transfer section of the Dane County Written Standards. Please indicate which of the following standards the household meets:

- Emergency transfer request (VAWA) [attach emergency transfer documentation]
- ADA request for an accessible unit [attach documentation regarding accessibility needs]
- Change in household composition*
- Within 60 days of program termination**

*If transfer is due to a change in household composition, please describe the size of unit needed: __________________________

**If transfer is due to impending program termination, please list the following:

Lease Violation(s) that is causing termination:

___________________________________________________________________________________________

___________________________________________________________________________________________

Landlord/Property Manager Notices that directly relate to termination (types and dates):

___________________________________________________________________________________________

___________________________________________________________________________________________

Please indicate all attached documentation:

- Verification of Disability [required for permanent supportive housing (PSH) transfers]
- Homeless History [required for PSH]/Proof of Homelessness at Project Entry [required for rapid rehousing (RRH)]
- Emergency Transfer Documentation [for VAWA requests]
- Documentation re: Accessibility Needs
- Other [please list]: _____________________________________________

Staff Signature: __________________________ Date: __________________________

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COORDINATED ENTRY MANAGER USE ONLY

- Transfer granted | Participant to transfer to the following program: _____________________________
- Transfer denied | Notes: ____________________________________________________________