

# HOUSING AUTHORITY OF THE COUNTY OF KERN

## TRANSFER REQUEST FORM

If you wish to transfer, please complete the information requested below and mail (or deliver) this form to the designated address. If you have any questions, please contact your Housing Specialist/Manager.

Head of Household Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Total People on the Lease: \_\_\_\_\_ Bedroom Size Needed: \_\_\_\_\_

I, the undersigned, hereby request that this transfer request be considered for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Office Use Only

Supervisor Approval: \_\_\_\_\_

Date of Initial Occupancy: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_