

HOUSING AUTHORITY OF THE COUNTY OF KERN

TRANSFER REQUEST

If you wish to transfer, please complete the information requested below and submit the completed form to the Housing Authority of the County of Kern by one of the following options:

Email:	
Mail OR Deliver:	Housing Authority of the County of Kern 601 24 th Street, FRNT Bakersfield, CA 93301

If you have any questions, contact your Housing Specialist at (661) 631-8500.

Please print all information

Date of Request: _____

Head of Household's Name: _____

Address: _____

Last 4 digits of SSN: _____

Phone Number: _____

Total # of 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

Date of Initial Occupancy:

Bedroom size to be issued:

Current Inspection Status:

Are there any current Reasonable Accommodations, if so, what are they:

Notes:

Approved Denied Reason:

Supervisor's Signature:

