



Housing Authority of the City of Annapolis

TRANSFER REQUEST FORM

PLEASE COMPLETE THE ENTIRE FORM

Date of Transfer Request: _____

Name: _____ Social Security # _____ - _____ - _____

Address: _____

Home Phone # () _____ - _____ Cell () _____ - _____ Work () _____ - _____

Reason for Transfer Request:



Resident Signature: _____ Date _____

HACA Representative: _____ Date _____

_____ Office Use only _____

Transfer Approved: Yes No

Check Appropriate Transfer Category:

- Emergency
- Relocation/Administrative
- Medical
- Under House
- Over Housed/Incentive

Admissions Representative Signature: _____ Date: _____

1217 Madison Street • Annapolis, MD 21403 • Phone: (410) 267-8000 • Fax: (410) 267-8290

TTY/TTD: Please dial 711 on your telephone