

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: _____

Current Housing Program: _____ Program Entry Date: _____

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: _____

COORDINATED ENTRY MANAGER USE ONLY

_____ Transfer granted | Participant to transfer to the following program: _____

_____ Transfer denied | Notes: _____