



# JORDAN PARK RELOCATION

<b>OFFICE USE:</b>
DATE RECEIVED: _____
RECEIVED BY: _____

## PUBLIC HOUSING TRANSFER REQUEST

PLEASE PRINT OR TYPE CLEARLY

For assistance in completing this form, please contact your Property Management team.

### A. Current Tenant Information:

LAST Name of Tenant		FIRST Name of Tenant
Current Address (suite, house number, street, city, province, postal code (including mailing address if different))		
Home Phone	Work Phone	Message Phone

### B. Household Composition:

(List yourself on line 1, then list all other persons in your household who will be living with you. If there are more than 8 people in your household, attach the extra names on a separate sheet.)

Full Name (last name first)	Birth Date d/m/y	Age	Gender (M/F)	Relationship to Tenant	Type of Disability (if any)	Wheelchair Requirements
1				<b>TENANT</b>		
2						
3						
4						
5						
6						
7						
8						

### C. Pets:

Do you have any household pets? <input type="checkbox"/> Yes (It is important that you list all pets)	Number of pets: _____
Do you have a dog? <input type="checkbox"/> Yes Breed(s) of dog: _____	
Is your dog certified under the Guide Dog and Service Dog Act? <input type="checkbox"/> Yes (Please attach copy of Security Programs certificate.)	
Other pets? (Please indicate types and quantities) _____	

### D. Transfer Reason:

Please indicate your transfer reason:
<input checked="" type="checkbox"/> 1 – Jordan Park Relocation

Comments: (Please provide additional information on your need to transfer, including if you have any special requirements that should be taken into consideration. For example, wheelchair accessible, no stairs).

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**E. Preferred Locations:**

Please list no more than three (3) St. Petersburg Housing Authority (SPHA) properties to which you would like to transfer (in order of preference).

<b>First Choice:</b>	<b>Second Choice:</b>	<b>Third Choice:</b>
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**F. Declaration: Please read and sign this statement.**

**I/We declare:**

- this is my/our Jordan Park Relocation transfer request form ; and
- all the information in it is correct and complete to the best of my/our knowledge.

**I/We understand that:**

- this application does not constitute any agreement on the part of SPHA or its members to provide me/us with housing in the developments listed above;
- SPHA will try to place me in the preferred developments above, but will ultimately make the decision based on unit availability, occupancy, and other HUD-required factors.
- that if I/we are being considered for an available unit, SPHA staff will gather additional information in order to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide or cause to be provided information requested to assist with this assessment;
- it is my/our responsibility to advise SPHA of any changes to the information given in this application and to provide any supporting materials required;

Signature of Tenant	Date
Signature of Tenant	Date

**G. Office Use Only:**

<b>Transfer Approved</b>	Please check one of the following reasons: <input type="checkbox"/> Relocation (3 developments selected)  Approved Transfer Site: _____ Approved Transfer Address: _____
<b>Transfer Refused</b>	<input type="checkbox"/> Reason: _____
<b>RELOCATION SPECIALIST:</b>	_____ Date: _____