



TRANSFER REQUEST - RECERTIFICATION

Clients who are part of the Philadelphia Housing Authority's Housing Choice Voucher Program must receive PHA approval prior to moving to another HCV unit in the City of Philadelphia. Complete this form and provide any supporting documentation to your Leasing Specialist. Once a decision is reached you will be contacted by the Transfer Department regarding the next steps in the transfer process. **Please note your transfer request will not be approved until you complete your recertification.**

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household Name	Client ID Number
Address	PHILA, PA City, State
Home/Cell Phone: _____	Work Phone: _____
	Zip Code

I hereby certify that I am **voluntarily** requesting to transfer to another unit in the City of Philadelphia at the end of my current lease agreement.

Head of Household Signature	Date
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FOR PHA USE ONLY

The Leasing Specialist completes this section of the transfer request and forwards the request to the Team Lead for review. If the transfer is approved, the Leasing Specialist, **after completing the recertification in Elite**, forwards the file and this transfer request form to the Transfer Dept. If the transfer is not approved, the Leasing Specialist prepares and sends a denial letter to the family.

Box 1: Please verify and check the following:

To approve the transfer request, the answer to questions 1, 2 and 3 must be yes. If the answer to question 4 is yes, in order to approve, a hearing must have been requested. If the answer to #5 is yes, the client must be current on a repayment agreement or pay the entire amount owed.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Is this request within 120 days of recert date (MTW Only)? Recertification Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. There have been no moves within the past twelve months (non-MTW only)?
<input type="checkbox"/>	<input type="checkbox"/>	3. Is this request after the initial 2 year lease term? Expiration Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Is the client in pending termination status? If yes , attach hearing request.
<input type="checkbox"/>	<input type="checkbox"/>	5. Does the family owe any money to PHA? If yes , amount \$_____ (attach repayment agreement.)

Leasing Specialist Print Name and Signature	Date
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TEAM LEAD DETERMINATION

Approved Denied Explain: _____

Team Lead Print Name and Signature	Date
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