

MansfieldHousing Authority
22 Bicentennial Court
Mansfield, MA 02048
508-339-6890

THIS BOX IS FOR OFFICE USE ONLY

Date of receipt: _____
Time of Receipt: _____
Control Number: _____
Bedrooms: _____

**TRANSFER APPLICATION FOR STATE-AIDED
PUBLIC HOUSING**

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

(PLEASE PRINT)

This is an application to move from one Housing Authority managed apartment to another. The Housing Authority may require you to provide third party verification of the reason for this request.

1. Name of Applicant: _____

Current Address: _____ Apt. No. _____

Home Telephone:(_____)_____ Work Telephone:_(_____)_____

2. Reason for Request: (circle one)

Apartment too small for household

Medical reasons

Apartment too big for household

Other (specify)_____

3. Written description of reason for request to transfer:_____

4. Current Apartment size:_____bedrooms

5. Current Household Composition:

First name, middle initial, and last name
of everyone living in the household

Sex

Age

APPLICANT'S CERTIFICATION

I certify that the information I have given in this application is true and correct, and I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will make no more than one offer of an appropriate unit and if I do not accept that offer within 7 days of the date of the written offer, my application will be removed from the transfer list. I authorize the Housing Authority to make inquiries to verify the information that I have provided in this application.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Applicant's Signature

Date

Reviewer's Signature

Date