



HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

501 MOHN STREET | STEELTON | PENNSYLVANIA | 17113

717-939-9301 | FAX 717-939-7947 | TDD 1-800-545-1833 EXT. 304

WWW.DAUPHINHOUSING.ORG

TRANSFER APPLICATION

Eligibility

Requests for transfers will be accepted providing:

- The tenant(s) must have resided in their current unit for a minimum of one (1) year (this provision does not apply to transfer for Medical Need); and
- Their tenancy is in good standing. Good standing means the family must be in compliance with their lease, current in all payments to the Housing Authority, and must pass a housekeeping inspection; and
- The tenant(s) meet one of the following Transfer Reasons:
 - 1. Medical Need:** The tenant's medical condition would be demonstrably improved by transfer to a different public housing unit. The tenant has medical documentation completed by a medical practitioner on letterhead indicating how a move will improve or alleviate their medical condition. Costs associated with the completion of the medical documentation are the tenant's responsibility.
 - 2. Unreasonable Distance to Work or School:** Following the date of occupancy, the tenant's place of employment or educational institution has changed such that transportation is either unavailable when required, or is in excess of two (2) hours round-trip. The tenant must demonstrate job stability, and a letter of verification of full-time employment or enrollment must be provided.
 - 3. Social Conflict:** Continued residence in the unit, or vicinity, will put the well-being of the tenant, or a member of their household, at serious risk from trauma, violence, harassment, or other undesirable consequences. Police or an appropriate community resource agency must support these circumstances in writing.
 - 4. Inappropriate Unit Size Household:** The family requests to add an individual(s) to the household and lease (other than through birth or adoption, or court-awarded custody), resulting in the current unit being inappropriate and requiring a transfer.

Current Tenant Information

Last name of tenant	First name of tenant
Current address	
Phone Number	Email

Household Composition

Full Name	Date of Birth	Gender	Relationship to Head of Household

Does any member of your household require an accessible unit due to a disability? Y / N

Transfer Reason:

Please indicate your transfer reason by selecting one (1) of the following transfer reasons?

Medical Need Distance to work/school Social Conflict Inappropriate unit size

Refer to page one for descriptions of transfer reason. Transfer requests under reasons 1, 2, and 3 require supporting documentation.

Comments: (please provide additional information on your need to transfer, including if you have any special requirement that should be taken into consideration).

Declaration: Please read and sign.

I/We declare:

- This is my application; and
- All the information in it is correct to the best of my knowledge and belief.

I/We authorize:

- HACD to make any inquiries that are necessary to verify the information given in this application; and any person, corporation or social agency to release to HACD any information pertinent to the assessment of my/our application.

I/We understand that:

- This application does not constitute any agreement on the part of the HACD to provide me/us with rental accommodation; and
- It is my/our responsibility to advise HACD of any changes to the information given in this application and to provide any supporting materials required for my/our application as requested by the HACD; and
- HACD may limit the number of offers of alternate accommodation and has the option to cancel my/our Transfer Request if I/we refuse a unit without sufficient cause or reason; and
- Prior to the transfer a pre-move out inspection of my/our current unit may be completed and if the current unit is in an unacceptable condition it could result in cancellation of the Transfer Request.
- All Transfers must be complete within 7 days.

Signature of Tenant	Date
Signature of Tenant	Date

Office Use Only

Property No.	Occupancy Date	Current Unit Size	Required Unit Size
Transfer Recommended: Y / N			
Comments:			
Property Manager:			Date

Contact Information: Tenants should forward their completed transfer request form to the attention of their Property Manager at one of the following Dauphin County Housing Authority regional offices:

Region 1: Katie LaManna

Latsha Towers

501 Mohn Street
Steelton, PA

Hoy Towers

301 Mohn Street
Steelton, PA

Lang Manor

Watson & Conestoga Streets
Steelton, PA

Steelton Family Housing

218-323 S. 2nd Street
125-135 Penn Street
138-144 Conestoga Street
Steelton, PA

Region 2: Michele Mitchell

Cole Crest

Nelly Court, Cumbler Street
Wood Street, Kennedy Lane
Steelton, PA

Essex House

320 Market Street
Middletown, PA

Highspire Apartments

47 Ann Street
Highspire, PA

Genesis Court

Wilson & Lawrence St
Middletown, PA

Griffith House

800 Wood Street
Steelton, PA

Bistline House

1291 S. 28th Street
Harrisburg PA

Region 3: Northern Dauphin County: Jaime Underkoffler

Gratz Park Terrace

100 S. West Street
Gratz, PA

Grubb Terrance

315-321 Market Street
310-312 Grubb Street
310-316 Vine Street
Williamstown, PA

Rattling Creek

12 S. 2nd Street
Lykens, PA

Laurel Hill

Autumn Dr. & Maple Lane
Williamstown, PA

Minnich Terrance

RD #1 Pottsville Street
Lykens, PA