

## Transfer Request

Resident name \_\_\_\_\_ Date of request \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Reason for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical verification attached?    Y        N

I have been informed of the transfer procedures. I understand that my apartment will be inspected and a review of my rental history will be conducted. I understand that I must submit an updated rental application. If approved, I must pay a new security deposit. The deposit on the unit I am vacating will be refunded in accordance with my lease agreement after I have moved.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Owner's representative \_\_\_\_\_ Date rec'd \_\_\_\_\_

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(FOR OFFICE USE ONLY)

1.     Current lease term completed in 30 days or less?   Y        N  
       If No, transfer fee of \$ \_\_\_\_\_ paid?                Y        N

2.     Apartment inspection date \_\_\_\_\_ Good    Fair    Poor

3.     Resident screening completed \_\_\_\_\_ Initials \_\_\_\_\_

4.     Manager approval date \_\_\_\_\_ Initials \_\_\_\_\_  
       Not approved    \_\_\_\_\_ Initials \_\_\_\_\_

Reason \_\_\_\_\_

Date notice sent \_\_\_\_\_ (attach copy to this request)

New apartment #/address \_\_\_\_\_

Scheduled move-in date \_\_\_\_\_

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