

**Taunton Housing Authority**  
30 Olney Street, Suite B  
Taunton, MA 02780-4141  
508-823-6308

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

The Taunton Housing Authority is a SMOKE FREE agency.

**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.

**To be eligible for a transfer, existing tenants must NOT owe the Taunton Municipal Lighting Plant (TMLP) any monies and/or must be able to have utility service turned on in their name or you WILL NOT be eligible to transfer to another unit.**

**(PLEASE PRINT)**

**This is an application to move from one state managed apartment to another. The Housing Authority requires that you attach third party verification of why you are requesting this transfer. Your application will be denied if no supporting documentation is submitted with this application.**

1. Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 <b>everyone</b> living in the household	Date of Birth	Sex	Social Security #
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**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**

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Applicant’s Signature	Date
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Reviewer’s Signature	Date
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