



REQUEST TO TRANSFER UNITS INSTRUCTIONS

Thank you for your interest in an elective transfer of units.

In order to process your request to transfer, the following items **MUST** be submitted as one packet:

- A completed copy of this form, signed and dated by the Head of Household
- A copy of your 30-day notice to your current landlord
- All income information for all household members (for example, check stubs, child support, pension, etc.)
- If you are responsible for your water bill, you must provide a copy of your water bill showing a \$0 balance

Once this elective transfer packet has been received, your case will be reviewed and your current landlord will be asked to complete a certification of good standing to ensure that you do not owe any past due rent or damages to your current unit. If you do owe back rent(s) and/or damages, you must make an arrangement to repay what is owed prior to requesting to transfer units. A copy of the agreement must be submitted with your request to transfer packet.

If an incomplete transfer packet is received, your request will be denied and you will need to submit a new complete transfer packet.

A written notice of approval or denial will be mailed within 10-business days. If your request is denied, the notice will explain the reason for the denial.

The HASB **will NOT** approve Requests to Transfer with less than a 30-day notice.

CHECKLIST:

- REQUEST TO TRANSFER FORM SIGNED AND DATED
- COPY OF 30-DAY NOTICE TO LANDLORD (INTENT TO VACATE NOTICE)
- INCOME VERIFICATION DOCUMENTS
- COPY OF \$0 BALANCE WATER BILL (IF APPLICABLE)
- REPAYMENT AGREEMENT FOR PAST DUE RENT/DAMAGES (IF APPLICABLE)

REQUEST TO TRANSFER FORM

HEAD OF HOUSEHOLD NAME (PLEASE PRINT): _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

LAST DAY TO OCCUPY CURRENT UNIT (THIS WILL BE THE FINAL DATE THE HASB PAYS CURRENT LANDLORD):

PLEASE NOTE: YOU WILL BE RESPONSIBLE FOR ANY RENT AFTER THIS DATE WITH THIS LANDLORD IF YOU ELECT TO STAY IN THE UNIT AFTER THE LISTED DATE.

Please choose **ONE** option below:

OPTION 1: I want to remain in my current jurisdiction (South Bend city limits).

OPTION 2: I want to transfer my voucher to another Housing Authority's jurisdiction (other city or county) as indicated below: (PLEASE PRINT)

Name of Housing Authority: _____

Address of Housing Authority: _____

Name of Contact Person: _____

Email and telephone of Contact Person: _____

The HASB will stop payments to the owner for the last day of the month indicated above. You are responsible for paying your portion of the rent through the last date indicated above. Notification from your current landlord that you owe outstanding rent, utilities, or damages may delay or prevent you from receiving housing assistance. You may be terminated from the program for non-compliance if you fail to fulfill your family obligations. You must complete an Annual Recertification if it has been more than six (6) months since your last Annual Recertification before you can move. If you choose to CANCEL the move from the above unit, you and the owner/landlord must submit a written letter to the HASB PRIOR to the last occupancy date listed above. If not submitted by the above date, it will require a new contract with the HASB. If you stay in the property after this date, you are responsible for all payments to the owner. The HASB is not responsible for payments to the owner if you elect to stay beyond the end of the month listed above. If at any time during the transfer process, the HASB determines that you are no longer in good standing with the program, the unit transfer may be delayed or cancelled until your program status concern is resolved. I understand that I am required to give my key back to my Housing Provider. I plan to give the key back on: _____.

HEAD OF HOUSEHOLD SIGNATURE: _____

DATE OF SIGNATURE: _____

501 Alonzo Watson Drive
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