



Housing Authority of the Town of Portland
9 Chatham Court, Portland, CT 06480

P#:(860) 342-1688 / F# (860) 342-3961
Website: www.portlandha.org

Resident Transfer Authorization Form

Resident Name: _____

Address: _____ Phone: _____

Reason for Transfer: Over-house/ Under-housed / Medical Reason

Explain: _____

Family Composition: ___Adults ___Children

<u>Sex</u>	<u>Date of Birth</u>

Transfer to: Project: _____

Present # of Bedrooms: _____

Tenant Signature: _____ Date: _____

FOR PHA OFFICE USE ONLY

Inspection of Occupied Unit

Date: _____

Resident Rent Current: Yes No balance? _____ Rent Payment History: Good Fair Poor

INTERIOR: Damage? Yes or No Approximate Cost of Repairs (If Any): \$ _____

If damages, explain: _____

Approved Deny

Executive Director Signature: _____ Date: _____