**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 Respresentative  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 $[AMOUNT] 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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