

Request to Move/Transfer to another Housing Authority

Participant Information

Date: _____

Full Name: _____

Last	First	M.I.
_____	_____	_____

Current Address: _____

Street Address	Apartment/Unit #
_____	_____

City	State	ZIP Code
_____	_____	_____

Daytime Phone: _____ Alternate Phone: _____

Email: _____

Reason for Move: _____

Date You Intend to Move from Current Unit: _____

Are you requesting to port (transfer) to another Housing Authority? ☐ Yes ☐ No

New Housing Authority Information

(Only complete this section if you are transferring to another Housing Authority, otherwise leave it blank)

Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact Name: _____ Email: _____

Important Information

Note: Moving requirements must be met before you can move to another unit or transfer to another Housing Authority.

	Yes	No
Have you given your current Landlord proper notice to vacate?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in good standing with your current Landlord?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in good standing with the Housing Authority of Prince George's County?	<input type="checkbox"/>	<input type="checkbox"/>
Are you being evicted from your current unit?	<input type="checkbox"/>	<input type="checkbox"/>
Have you given the Move Specialist your notice to vacate signed by the Landlord?	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____

Please note that you can ask for a reasonable accommodation to use HAPGC housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.

