

Yakama Nation Housing Authority 611 S. CAMAS AVE. ** P.O. BOX 156 *** WAPATO, WA 98951 PHONE: (509) 877-6171 FAX: (509) 877-7830

TRANSFER REQUEST

	Tenant Name		Date							
	Physical Address									
1. 2. 3.	Inderstood that in order to be consided. My current account must not be in My current unit must have been we I must be current with my Annual (If my annual recertification is current then are The first available unit that is offer transfer waiting list. It is required that the existing agree executed by the Head of Household.	deling ell ma: Recert Interim red mu	uent st intained iffication Recertification ist be act	atus. d with n. cation m ccepte e canc	nust be comp d or my n elled and	leted ame	to report the will be d	lelet	ed from the	
	requesting to transfer due to: I have had a change in my family s	ize:		Incre	ease		Decreas	se		
	a. Have you completed a recertification	ation?		Yes			No			
2.	Total amount of people currently in my household:									
3.	Current unit bedroom size:		1 bdr	m 🗖	2 bdrm		3 bdrm		4 bdrm	
	I would like to transfer into:		1 bdr	m 🗖	2 bdrm		3 bdrm		4 bdrm	
	Head of Household Signature									

	Added to transfer waiting list: Yes	N o								
	Account current:	No								
omm	nents:									

Occupancy Specialist

Date