

Waltham Housing Authority

110 POND STREET

WALTHAM, MASSACHUSETTS 02451-4505

TEL: 781-894-3357; FAX: 781-894-7595 TDD: 781-894-3357

Landlord Internal Unit Transfer Form

I. PARTICIPANT INFORMATION

- Participant Name: _____
 - Head of Household: _____
 - WHA Client ID #: _____
 - Current Address: _____
 - Current Unit #: _____
 - Phone Number: _____
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II. LANDLORD / OWNER INFORMATION

- Owner Name: _____
 - Property Management Company (if applicable): _____
 - Owner Address: _____
 - Phone Number: _____
 - Email Address: _____
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III. TRANSFER REQUEST DETAILS

- Renovation / Rehabilitation
- Fire / Water / Disaster Damage
- Health & Safety Issue
- Unit Decommissioned
- Other: _____

Explanation of Reason for Transfer:

IV. NEW UNIT INFORMATION

- **New Unit Address:** _____
- **Unit #:** _____
- **Bedroom Size:** _____
- **Proposed Rent:** \$ _____ per month
- **Utilities Included:** _____
- **Proposed Effective Date of Transfer:** _____

- Unit is comparable in size**
- Unit is located within the same property/development**
- Unit will be available for HQS/NSPIRE inspection**

V. PROGRAM COMPLIANCE REVIEW (PHA USE ONLY)

- **Current lease expiration date:** _____
- **Transfer is occurring at renewal**
- **Mid-lease transfer approved due to qualifying circumstance**
- **Payment Standard Applied:** \$ _____
- **Tenant Rent Portion:** \$ _____
- **HAP Amount:** \$ _____

Regulatory Authority (if applicable):

- 24 CFR 982.354 (Move with Continued Assistance)**
- 24 CFR 982.401 (Housing Quality Standards)**
- 24 CFR 982.505 (Subsidy Standards & Rent Calculation)**
- Other:** _____

Caseworker Comments:

VI. REQUIRED DOCUMENTATION CHECKLIST

- New Lease Agreement**
 - Lease Addendum**
 - RFTA (if required)**
 - Rent Reasonableness Determination**
 - HQS/NSPIRE Inspection Passed**
 - Updated HAP Contract or Amendment**
 - Utility Allowance Review (if applicable)**
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VII. APPROVALS

I certify that this internal transfer complies with Housing Choice Voucher Program regulations and WHA policy.

Participant Signature: _____ **Date:** _____

Owner/Agent Signature: _____ **Date:** _____

PHA Caseworker: _____ **Date:** _____

Executive Director (if required): _____ **Date:** _____