

Norwood Housing Authority
40 William Shyne Circle
Norwood, MA 02062
781-762-8115

THIS BOX IS FOR OFFICE USE ONLY

Date of receipt: _____

Time of Receipt: _____

Control Number: _____

Bedrooms: _____

**TRANSFER APPLICATION FOR
PUBLIC HOUSING RESIDENTS**

Washington Heights (Jefferson Drive)
Nahatan Village (Nahatan Street)
Willow Wood Terrace (Adams & Hill Streets)
Walsh Housing (William Shyne Circle)
Maguire Housing (Brookview Circle)

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

This is an application to move from one Norwood Housing Authority managed apartment to another. The Norwood Housing Authority may require you to provide third party verification of the reason for this request.
(PLEASE PRINT)

1. Name of Applicant: _____ Social Security #: _____

Current Address: _____ Apt. No. _____

Home Telephone: (_____) _____ Work/Cell Telephone: (_____) _____

2. Reason for Request: (circle one)

- | | |
|--|--|
| <input type="checkbox"/> Apartment too small for household | <input type="checkbox"/> Medical reasons |
| <input type="checkbox"/> Apartment too big for household | <input type="checkbox"/> Other (specify) _____ |

3. Written description of reason for request to transfer: _____

4. Current Apartment size: 1 bedroom 2 bedrooms 3 bedrooms

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5. Current Household Composition:

First name, middle initial and last name of everyone living in the household

	Name	Sex	Date of Birth	Age
1)	Head of Household			
2)				
3)				
4)				
5)				
6)				

APPLICANT'S CERTIFICATION

I certify that the information I have given in this application is true and correct, and I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Norwood Housing Authority will make no more than one offer of an appropriate unit and if I do not accept that offer within 7 days of the date of the written offer, my application will be removed from the transfer list. I authorize the Norwood Housing Authority to make inquiries to verify the information that I have provided in this application.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Applicant's Signature

Date

NHA Reviewer's Signature

Date

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