

NORTHEAST GEORGIA HOUSING AUTHORITY

REQUEST FOR TRANSFER

Resident Instructions: (Supporting documentation must be attached) Date of Request: \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received \_\_\_\_\_

SECTION A:

Resident Name (Head of Household) \_\_\_\_\_ H/H Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Telephone Number \_\_\_\_\_

Current Bedroom Size \_\_\_\_\_ Bedroom Size Needed \_\_\_\_\_  
Alternate Phone Number or Cell Phone Number \_\_\_\_\_

My family composition consists of:

Adult #1 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Adult #3 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Adult #5 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Adult #2 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Adult #4 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Adult #6 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Minor #1 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Minor #4 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Minor #7 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Minor #2 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Minor #5 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Minor #8 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Minor #3 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Minor #6 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Minor #9 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Total Persons \_\_\_\_\_ Current Monthly Income \$ \_\_\_\_\_ Current Monthly Rent \$ \_\_\_\_\_

SECTION B:

1. I am requesting a transfer based on unit availability. I understand that all transfers will be handled and processed in accordance with Attachment 8 of our transfer policy.

Specify type of unit need: Wheelchair \_\_\_\_\_ Flat \_\_\_\_\_ Hearing \_\_\_\_\_ Visual \_\_\_\_\_ Non-Accessible \_\_\_\_\_

2. I am requesting a transfer for the following reasons:

02 \_\_\_\_\_ I need to transfer because I have (or a member of my family has) a documented/verified medical condition that requires the transfer. (Must provide supporting documentation)

02 \_\_\_\_\_ My life, health or safety is threatened and/or a member of my family is threatened. (Must provide supporting documentation)

05 \_\_\_\_\_ I need a different size apartment because \_\_\_\_\_

07 \_\_\_\_\_ I am requesting a transfer for the following reasons not listed above: \_\_\_\_\_

NOTICE

The Authority reserves the right to make its own evaluation of documents submitted in support of this request for transfer. Management reserves the right to evict any resident who misrepresents family circumstances or family composition.

Resident's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION C: (To be completed by Site Manager in accordance with Section 12-III.C. of Transfer Policy)**

1. Does this family require special assistance in order to be transferred? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Identify Assistance needed: \_\_\_\_\_  
Identify Family Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Family composition has been verified by: File Review \_\_\_\_\_ Unit Visit \_\_\_\_\_ Interim Exam \_\_\_\_\_
3. Unit condition has been verified by:  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Attach copy of current housekeeping report)
4. Family is in compliance with all lease provisions: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Identify Lease Violation(s) and actions taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Attached is residents' account payment history (At least 12 months preferable).
6. Site Manager's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct. I acknowledge that the transfer request is based on this information, and I have provided all relevant and available information.

\_\_\_\_\_  
Site Manager Date

**SECTION D: (To be completed by Occupancy Coordinator in accordance with Section 12-III.F. of Transfer Policy)**

       **APPROVAL:** Your request for transfer has been approved, and you will be placed on the transfer list and handled in the appropriate order. You will be notified when an apartment for which you qualify is available.

\_\_\_\_\_  
Occupancy Coordinator Date Approved

       **DENIAL:** Your request for transfer has been denied for the reason(s) checked below. You may reapply for transfer upon satisfactory resolution of the item(s) checked. If you have questions, please contact your Housing Management Specialist.

1. \_\_\_\_\_ Request does not include adequate supporting documentation as requested.
2. \_\_\_\_\_ Supporting documentation cannot be verified as presented.
3. \_\_\_\_\_ You are in violation of the dwelling lease agreement as follows:  
(a) Delinquent Balance of \$ \_\_\_\_\_ for \_\_\_\_\_  
(b) Other \_\_\_\_\_
4. \_\_\_\_\_ The Authority does not honor a transfer on this basis.

If you feel your request was not handled properly, you have the right to make a reply as you wish. You have the right to examine all relevant documents and to have copies of these documents provided to you at the current posted rate. You have the right to request a hearing in accordance with the authority's grievance procedure. You have ten days from the date of this notice to make such a reply at the office of the Authority at 437 South Pond Street, Toccoa, Georgia.

\_\_\_\_\_  
Occupancy Coordinator Date

**SECTION E: UNIT OFFER (Ref. Sections 12-IV.C. & 12-IV.D. and 5-II.C of Transfer Policy)**

Telephone Offer: Destination AMP: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
Occupancy Coordinator

\_\_\_\_\_  
Date of Offer

\_\_\_\_\_  
Time of Offer

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**SECTION F: ACCEPTANCE/REJECTION BY RESIDENT**

I have been offered a unit as listed in Section D above and understand that I must execute all lease documents, secure utility service, pay any rent and security deposit within 3 days. I further understand that I will have 7 days to complete the transfer and return the keys to my old apartment.

\_\_\_\_\_ I accept the unit offered and agree to the transfer terms.

\_\_\_\_\_ I reject the offered apartment for the reason(s) listed below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I understand that the transfer is required by the Housing Authority. I further understand that refusal of this offer without good cause will result in the termination of my lease.

\_\_\_\_\_ I requested the transfer, and understand that refusal of this offer without good cause will result in the removal of my household from the transfer list and I must wait six months to reapply for another transfer.

\_\_\_\_\_  
Resident (Head of Household)

\_\_\_\_\_  
Date

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**SECTION G: HOUSING AUTHORITY ACTION**

Date Transfer Completed: \_\_\_\_\_

Date Removed from Transfer Waiting List: \_\_\_\_\_

Date Effective Lease Termination: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Occupancy Coordinator

\_\_\_\_\_  
Site Manager



## NORTHEAST GEORGIA HOUSING AUTHORITY

### Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

#### Emergency Transfers

Northeast Georgia Housing Authority (NEGAHA) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),<sup>1</sup> NEGAHA allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The ability of NEGAHA to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether NEGAHA has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model

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<sup>1</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that Northeast Georgia Housing Authority is in compliance with VAWA.

### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify HP's management office and submit a written request for a transfer to [\_\_\_\_\_]. NEGAHA will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under NEGAHA's program; OR

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

**Confidentiality**

NEGAHA will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives NEGAHA written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about NEGAHA's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

**Emergency Transfer Timing and Availability**

NEGAHA cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. NEGAHA will act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to

which the tenant has been transferred. NEGAHA may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If NEGAHA has no safe and available units for which a tenant who needs an emergency is eligible, NEGAHA will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, NEGAHA will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

**Attachment:** Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.