

**BILLERICA HOUSING AUTHORITY**  
16 River Street  
Billerica, MA 01821  
Phone: 978-667-2175  
Fax: 978-667-1156

Date of Receipt: \_\_\_\_\_  
Time of Receipt: \_\_\_\_\_  
Control Number: \_\_\_\_\_  
Bedrooms: \_\_\_\_\_

**TRANSFER APPLICATION FOR STATE-AIDED  
PUBLIC HOUSING**

**PLEASE PRINT**

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

1. Name of Applicant: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
Home Telephone:(\_\_\_\_\_) \_\_\_\_\_ Work Telephone:(\_\_\_\_\_) \_\_\_\_\_

2. Request for: (circle one)  
Apartment too small for household \_\_\_\_\_ Medical reasons \_\_\_\_\_ Apartment too big for household \_\_\_\_\_  
Other (specify) \_\_\_\_\_

3. **Written description of reason for request to transfer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Current Apartment size \_\_\_\_\_ bedrooms



5. Number of Bedrooms needed: (circle one) 1 \_\_\_\_\_ 2 \_\_\_\_\_
6. Racial designation: (responding to this question is optional (circle) one  
 American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_
7. Do you speak English? (circle one) Yes \_\_\_\_\_ No \_\_\_\_\_  
 Language spoken: \_\_\_\_\_ Language read \_\_\_\_\_

**6. Current Household Composition:**

Name: First, middle, and last name	Relationship	Social Security	Sex		Date of Birth	Occupancy
			M	F		

**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 of my application. I understand that the Housing Authority will make no more than one other 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 Housing Authority to make inquiries to verify the information that I have provided in this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## NOTICE TO ALL APPLICANTS:

### REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH MENTAL AND/OR PHYSICAL DISABILITIES

The Billerica Housing Authority does not discriminate against applicants based on mental or physical disabilities. In addition, the Billerica Housing Authority has an obligation to provide "reasonable accommodation" on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the Billerica Housing Authority can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the Billerica Housing Authority's housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the Billerica Housing Authority, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The Billerica Housing Authority has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the Billerica Housing Authority. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the Billerica Housing Authority's housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the Billerica Housing Authority can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

