

**GREENBURGH HOUSING
AUTHORITY**

**9 Maple Street
White Plains, NY 10603
914-946-2110**

Transfer Request Form

Name: _____ Social Security Number _____

Address: _____

Phone Number: (____) _____ Email: _____

Current Bedroom Unit Size: _____

Number of Family Members Currently on Lease _____

Reason for Request

Medical Condition
**Must provide supporting documentation from a medical professional*

Reasonable Accommodation
**Must provide supporting documentation from a medical professional*

Explain: _____

Over Crowded

Under Housed

Other _____

Resident Signature

Date

Office Staff Signature

Date

Public Housing Authority Department Head/Designee Only

[___] Approved [___] Denied [___] Authorized Bedroom Size

Signature: _____

Date: _____