



Chillicothe Metropolitan Housing Authority

178 WEST FOURTH STREET, CHILLICOTHE, OHIO 45601-3219
TELEPHONE (740) 775-7881 * FAX (740) 775-7896 * TDDY (740) 775-7768

REQUEST FOR TRANSFER

HEAD OF HOUSEHOLD NAME: _____
(Please Print)

CURRENT ADDRESS: _____

REASON FOR TRANSFER: _____

CURRENT BEDROOM SIZE: _____ BEDROOM SIZE NEEDED: _____

TOTAL PERSONS IN CURRENT HOUSEHOLD: ADULT(S): _____ MINOR(S): _____

TOTAL PERSONS YOU ARE WANTING TO ADD: _____

LIST NAMES AND AGES OF PERSON (S) YOU WANT TO ADD:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

PHONE NUMBER: _____

SIGNATURE: _____

Head of household

DATE: _____