THE TOPEKA HOUSING AUTHORITY

2010 SE California Ave. Topeka, KS 66607 Phone: 785-357-8842 = Fax: 785-357-2648 = www.tha.gov

REQUEST FOR TRANSFER

Tenant Name			Phone #			
Street Address			Unit Number			
Total Family Size	Please mark all the following that ☐ Elderly (age 62 or older) ☐	apply for the head of hou. Disabled □ Employed	sehold or spouse re □ None of these a	esiding in unit apply to me or my	spouse	
Other Family Name	Members Living at This Address	Relationship to Heac	of Househald	G 04 T		
		Relationship to Treac	1 of Household	Sex (M or F)	Age	
or any change amily or child ermission before the Convenience transforms transforms.	fers for the convenience of tenants.	ne family. THA will info ant is responsible for notife , adoption or court-awarde n aide moves in.	rm you of the addifying THA within 3 ed custody. The ten	tional verification 30 days if anyone nant must obtain 7 discretion, Progra	required leaves th ΓΗΑ am staff	
You are responding, will be reading. After a new us \$4.00 per day	approved your name will be added to the rill be offered a unit when you name reatonsible for paying a new security deposte turned to you after a move-out inspect.	it in <u>full</u> prior to your tran	g list based on the control of the suitable housing in sfer. The balance of the state of the sta	s available. of the old security		
5pm on fifth :	init is offered and accepted, you will have will be charged for each day over this.	ve 5 calendar days to tran	sfer your belonging	re to the never :	D , c	
	of the charged for each day over this and final day of transfer.	ve 5 calendar days to tran 5 day limit if the old unit	sfer your belonging is not vacated on ti	gs to the new unit me and keys turn	D , C	
	init is offered and accepted, you will have will be charged for each day over this.	ve 5 calendar days to tran 5 day limit if the old unit	sfer your belonging is not vacated on ti	gs to the new unit me and keys turn	D , c	