HOUSING AUTHORITY OF THE COUNTY OF JACKSON, ILLINOIS

300 North Seventh Street Murphysboro, IL 62966

APPLICATION FOR TRANSFER

Date of Application: _____
Lessee: _____
Address: _____
City: _____
Tenant #: _____
From Unit Size: _____ To Unit Size: _____
# of Household Members: _____
Date of occupancy in present unit:_____

I, _____, request a transfer of units for the following reasons: _____
_____
_____
_____
_____
_____
Area Requested: _____

***Please attach copies of any corroborating paperwork to support your claim.**

Signed: _____ Date: _____

*****Office use only*****

Approved by: _____ Date: _____
Comments: _____

Offer one:

Date Offered: _____
Address: _____
_____
Date Shown: _____

Accept: ___ Refuse: ___

Offer two:

Date Offered: _____
Address: _____
_____
Date Shown: _____

Accept: ___ Refuse: ___

Denied by: _____ Date: _____
Reason: _____
_____

Brigitta Mac-Rizzo
Executive Director