

**REQUEST FOR ASSISTANCE IDENTIFYING ASSISTED, AVAILABLE UNITS
FOR EXTERNAL EMERGENCY TRANSFERS**

Housing providers should submit this form to their Participating Jurisdiction (PJ) (the Department of Commerce, Housing Division) when a tenant requests an emergency transfer, the transfer is approved, and the housing provider has determined that an external transfer, rather than an internal transfer, is necessary either for their tenant’s safety or because there are no available, assisted units within the housing provider’s project/s.

Housing Provider (Name):
Contact Name and Title:
Contact Phone Number:
Contact Fax or Email:

PLEASE KEEP CONFIDENTIAL TENANT’S NAME AND INFORMATION

Tenant’s Type/s of Rental/Unit Assistance: HOME HTF CDBG Other: _____

Tenant’s Preferences and Eligibility Restrictions:

FOR PJ USE ONLY: Date Request Received: ___ / ___ / ___
Contact Person for Housing Provider Reference: _____

List of properties in the jurisdiction that include assisted units available for lease:

Property Address	Contact Information	Number of Units Available	Unit Size/s (Number of Bedrooms)	Unit Type/s and Restrictions