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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |