

Transfer of Quarters Policy Form

Request Date: _____ Day: _____ Time: _____

Resident Name: _____

Current Home Address: _____

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- A minimum of six months must be fulfilled on the current contract.
 - A \$500.00 transfer fee will be assessed to your account and will have to be paid before you will be relocated to another unit.
 - All outstanding balances on your account must be paid in full.
 - All moving expenses incurred will be the resident's responsibility.
 - Transferring to another unit is contingent upon passing a pre-inspection of your current unit.
 - After accepting the new unit, you will have **5** working days to clear the unit you currently reside in. If you fail to do so, you will be responsible for the daily pro-rated rent on both units until you properly clear.
 - The transfer fee is separate from any charges assessed for damages, or the fees charged for hiring a cleaning team in order to clear your previous unit.

Reason for Transfer Request:

Please note: There is a transfer fee of \$500.00 that is to be paid by the resident before the resident will be transferred to another unit. The transfer will also be contingent upon the resident passing a pre-inspection of their current unit.

Resident Signature: _____

Please Print: _____

Management Signature: _____

Date: _____

Request Approved: _____ **Request Denied:** _____