

TRANSFER POLICY

Policy: 2.3

Subject: Transfer requests

Effective Date: March 1, 2008

PURPOSE:

- To establish the criteria whereby which tenants will be granted permission to transfer apartments.

POLICY:

- A. Only House Staff may request transfers.
- B. It is the policy of Montefiore Medical Center to offer the option for tenants to transfer to another apartment in Montefiore Housing. In order to be eligible for a transfer, tenant must have lived in current unit for at least 6 months.
- C. Tenant must fill out a transfer request form.
- D. Tenant must be in good standing and have good payment record in order to be eligible to transfer. The paint rider of the lease will still be in effect for transfers.
- E. Transfers will only be granted for reassignment to a larger unit (no transfers studio to studio, etc.)
- F. Transfers will not be offered from May 1 through September 30 of each year.
- G. There is no guarantee that a transfer request will be granted.

EXCEPTIONS:

- Transfers may be granted at the discretion of the Housing Manager when the security of a tenant is a concern, or when a given repair is necessary to make the unit livable or in reasonably rentable condition, and such repair cannot be made immediately.
- When availability allows at the discretion of the Housing Manager.
- Transfer requests are subject to occupancy standards.

Unit Size Occupancy Standards

Studio

- Single eligible individual
- Couple

1 Bedroom

- Couple
- Couple with child
- Single eligible individual with child

2 Bedroom

- Couple with up to two dependent children.
- Single parent with one or more dependent children. (Preference will be given to applicants with more than one minor dependent.)

***Due to high demand for housing, immediate family members may not be considered for apartment transfer requests.**

APARTMENT TRANSFER APPLICATION

Date: _____

Tenant's Name: _____

Current Building Address: _____ Apt #: _____

Home Phone No.: _____ Work Phone No.: _____

Pager No.: _____ Cell Phone No.: _____

How long do you expect to continue your **residency** with Montefiore? _____

Please list the name, age, social security number, and relationship of the person(s) that will occupy the apartment with you, if a transfer is granted:

(DO NOT INCLUDE YOURSELF)

Name	Relationship	Social Security #	Age

Reason for Transfer:

Desired Building: _____ Date you desire occupancy: _____

Size of desired unit (circle any that apply): **Studio** **1 Bedroom** **2 Bedroom**

3 Bedroom (Waldo only)

*****NOTE**** as per "paint rider" #1 in your lease, your security deposit may be used for the re-painting of your current apartment if vacated within three (3) years from the date of your signed occupancy agreement. Please see attached Housing Transfer policies for terms and restrictions on transfers.*