

Housing Authority of the City of San Luis Obispo
P.O. Box 1289 ~ San Luis Obispo ~ CA, 93406-1289
Phone (805) 543-4478 ~ Fax (805) 595-1372

Unit Transfer Request

Participant : _____

Contract #: _____

Current Address: _____

Home Phone #: _____ Cell Phone # _____

I am requesting to transfer my Section 8 Voucher to another unit within the County of San Luis Obispo. I understand that HASLO will deny a family permission to make an elective move during the family's initial lease term, and up to a maximum of three (3) years after the family has selected a unit that meets their needs.

I have lived in my unit for three (3) years or more and would like to request a transfer.

I have lived in my unit for less than three (3) years, and I am requesting an exception to this policy due to the following special circumstances (*please explain below*):

I have **I have not** given my landlord a notice to move.

I have received a **3-day** **30-day** **60-day** **90-day** notice to move from my landlord.

Signature: _____ **Date:** _____

For HASLO Use Only: Request has been [] **Approved** [] **Denied**

Signature: _____ **Date** _____ **Position** _____