

McKeesport Housing Authority Transfer Application

Current Bedroom Size: _____

Bedroom Size Requested: _____

Do you claim any of the following:

- Mobility Impairment
- Hearing Impairment
- Sight Impairment

Do you or any member of your family require a reasonable accommodation?

Yes No

Is this transfer request due to a medical condition? If yes, please attach medical certification.

Yes No

Household Composition:

Head of Household

Last Name	First Name	MI	Sex	**Race
Social Security Number	Date of Birth	*Ethnicity		Total Monthly Income
Source of Income				

Circle all that apply: White, Black, American Indian/Alaskan or Asian/Pacific Islander Circle One * H = Hispanic or N = Non-Hispanic

Complete Mailing Address

Complete Street Address	City	State	Zip Code

Current Day Phone (Area Code) and Number	Night Phone (Area Code) and Number	How Long At this Address?

Other Adults & Minors – Spouse, Co-Head, Children

Last Name	First Name	MI	Sex	Race	Relationship

Social Security Number	Date of Birth	Place of Birth	Monthly Income	Source of Income

Last Name	First Name	MI	Sex	Race	Relationship

Social Security Number	Date of Birth	Place of Birth	Monthly Income	Source of Income

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