



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

Cal # _____
Unit # _____

EMERGENCY TRANSFER REQUEST

Resident's Name (Head or Co-Head) (print): _____

Address & Unit #: _____

Telephone #(s) we can contact you at: _____ and/or _____

Email address we may contact you at: _____

Please provide a description of the date(s)/time(s)/location(s) of the incidence(s) and any witnesses to those events that relate to your request for a transfer. Include the name(s) of the victim(s) and perpetrator(s) if known. Explain the **real and imminent** threat to you or a member of your household's health, safety, or well-being if you are not transferred. A copy of a police report is required for criminal threats. **Attach additional page(s) if needed.**

Are you remaining in your unit during this time? Yes No If "No", where are you staying? (e.g.: relative's home, friend's home) _____

ETR Guidelines and Tenant Certification

- Under most emergency transfer requests (ETR), HACLA must receive verifiable documentation from a third party as to the need for the emergency transfer due to a real and imminent threat.
- A copy of a police report is required and a recommendation to transfer from the Los Angeles County District Attorney or a sworn law enforcement officer with a ranking of Detective II or higher is required if the request is due to criminal threats.
- If an ETR is granted, the household may be offered up to three (3) suitable units if available, based on your family composition, at three different sites other than the site you currently reside (pending vacancies). You will **not** be able to pick the sites that you will be offered units. You will have two (2) business days to inspect each unit offered and accept/reject the unit. Failure to accept any of the units offered will cancel your ETR.
- You will remain responsible for your current unit and rent obligation if you temporarily relocate from the unit while the ETR is being evaluated or while waiting for a unit to become available.
- Being granted an ETR **does not** waive any obligation you may have under the terms of your Rental Agreement, nor waive any existing breach of the Rental Agreement; and HACLA may pursue or continue to pursue any legal action and remedy against you as if no ETR was requested or granted.
- Future ETR requests may be denied if this ETR is ineffective or fails to cure the reasons for the ETR.
- Failure to provide necessary documentation within 14 business days will result in the cancellation of this request.

I have read and understand the above guidelines. Additionally, I hereby certify that the information that I have provided is true and correct. I acknowledge that submission of false information may be basis for termination of my rental assistance.

Resident's Signature: _____ Date: _____

For HACLA Use Only

Red'd by: _____ Date: _____ Cal #: _____ Family size: _____ 504 needs: Yes No
State 504: _____

In legal? Yes No If "Yes", date submitted & reason: _____

Date forwarded to Admin: _____ Approved: Yes No Cal # & date offered & Accepted (below):
(Cal/Unit) 1: _____/_____ Yes No 2. _____/_____ Yes No 3. _____/_____ Yes No

Scan a copy of this completed form along with the supporting documentation to your Assistant Director or his/her designee in Housing Services Admin.