



Department of Planning, Community and Economic Development

Community Development Division

Madison Municipal Building
215 Martin Luther King Jr. Blvd., Suite 300
Madison, WI 53703

Request Form to CHANGE FLOATING HOME UNITS

Agency:		Date of Request	
Contact Name & Title		E-mail	
Property Address:			
Number of HOME Units:		Number of Floating units:	Number of Fixed units:

Any switch in floating HOME units has to be comparable or better than the originally designated HOME unit. Rent for the proposed unit must be equal or less than the current HOME unit.

Unit Type	Type A		Type B	
	Current Unit(s)	Proposed Unit(s)	Current Unit(s)	Proposed Unit(s)
Unit #'s				
# of Bedrooms				
Size (sq. ft.)				
Amenities	<input type="checkbox"/> kitchen <input type="checkbox"/> bath <input type="checkbox"/> other _____ <input type="checkbox"/> other _____	<input type="checkbox"/> kitchen <input type="checkbox"/> bath <input type="checkbox"/> other _____ <input type="checkbox"/> other _____	<input type="checkbox"/> kitchen <input type="checkbox"/> bath <input type="checkbox"/> other _____ <input type="checkbox"/> other _____	<input type="checkbox"/> kitchen <input type="checkbox"/> bath <input type="checkbox"/> other _____ <input type="checkbox"/> other _____
Rent Amount \$ (inc. utils)				
Max. HOME Rent allowed (inc. utils)				
Reason for Request to Switch				
<i>I certify that the above information is true and accurate to the best of my knowledge.</i>				
Agency Representative Signature		Agency Representative Name (printed)		Date
CDD Contract Aide Signature		CDD Contract Aide Name (printed)		Date