

## HOUSING CHOICE VOUCHER PROGRAM PORTABILITY REQUEST TO TRANSFER

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Phone #: \_\_\_\_\_

**I am requesting that my Voucher be transferred to the following agency.**

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Houston Housing Authority Staff

\_\_\_\_\_  
Date

