

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

