



8933 Interchange Dr.  
Houston, Texas 77054  
Tel: 713-578-2100  
Fax: 713-669-4594

### HCHA Request To Transfer

Tenant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_, TX Zip Code: \_\_\_\_\_

Telephone Number (including area code) \_\_\_\_\_

Date current lease expires \_\_\_\_\_

I AM REQUESTING MY VOUCHER TO BE TRANSFERRED TO THE FOLLOWING PHA:

Name of PHA(Public Housing Agency) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Case Manager