



**REQUEST TO TRANSFER HOUSING CHOICE VOUCHER
ASSISTANCE TO ANOTHER HOUSING AUTHORITY**

PLEASE PRINT AND COMPLETE

**IF INCOMPLETE OR IF WE ARE UNABLE TO READ, YOUR REQUEST
WILL BE DELAYED**

YOUR FULL NAME _____

SOCIAL SECURITY NUMBER _____ DAY TIME PHONE # _____

YOUR CURRENT ADDRESS _____

I am requesting that my voucher be transferred to:

Name of Housing Authority: _____

Address of Housing Authority: _____

City, State, & Zip Code: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

I UNDERSTAND THAT:

_____ I must contact the receiving housing authority and schedule an Incoming Portability orientation appointment and attend that orientation

_____ I must follow the receiving Housing Authority policies and procedures

_____ The Denver Housing Authority has issued a voucher for the term of 120 days. It is the receiving housing authority's decision to issue any extensions. I understand that the Denver Housing Authority is **not** granting extensions at this time except as a reasonable accommodation

_____ I should be prepared to provide to the receiving housing authority copies of birth certificates, social security cards, current picture ID (for all family members 18 and over), as well as income verification

PARTICIPANT SIGNATURE: _____ DATE: _____