



# HOUSING ALLIANCE HTX

2640 Fountain View Drive

■ Houston, Texas 77057

■ 713.260.0500 P

■ 711 TTY

## Housing Choice Voucher Program Portability Request to Transfer

Name: \_\_\_\_\_ Client's Entity ID: \_\_\_\_\_

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

\_\_\_\_\_

SS#: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**I am requesting that my voucher be transferred to the following agency:**

Agency Name: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)