



Request to Transfer Housing Choice Voucher

This form must be completed prior to authorizing transfer of assistance.

Head of Household Name: _____

Complete Current Address: _____

Phone Number: _____

Participant Signature & Date: _____

Desired Housing Authority: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

To find a specific Housing Authority that you wish to transfer to, reference the following address on the internet: https://www.hud.gov/program_offices/public_indian_housing/pha/contacts

If you do not have internet access, the Walla Walla Housing Authority can assist in locating the applicable information and provide a printed copy if necessary. For help searching for a specific housing authority, please contact your Rental Assistance Specialist at 509-527-4542.

In order to be eligible to utilize portability to transfer assistance to another housing authority, you must have been on the Housing Choice Voucher Program for at least one year, have completed your lease term and be in good standing on the program.

FOR WWHA USE ONLY

Date Received: _____ Participant is eligible to port: Yes No Voucher size: _____

Date Faxed to receiving agency: _____ Receiving agency is: Absorbing Billing

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

