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HOUSING ASSISTANCE DIVISION
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**REQUEST TO TRANSFER
Housing Choice Voucher Program**

Submit this form if you are holding a current, valid voucher, and you wish to relocate to another jurisdiction.

Note: To process your request to transfer please attach a copy of the lease termination notice.
 Please check here if a copy of the lease termination notice has already been submitted.

Name of family: _____ Tenant ID #: _____

Current address: _____

Forwarding address: _____

Home phone number: _____ Message/cell number: _____

I'm requesting a transfer to the following Public Housing Authority (PHA):

Name of PHA: _____

Address: _____

PHA Official: _____

Telephone #: _____ Fax #: _____

I hereby authorize the Los Angeles County Development Authority to provide the receiving PHA all documents and verification needed to complete my portability request. I understand that my portability is subject to review by the receiving PHA and may be approved or denied. I have also received written material and an explanation on the following subjects.

- Housing Choice Voucher Packet
- Portability Information Sheet
- Listing of Housing Authorities

Please allow 10 business days for processing of your transfer request.

Name of Head of Household: _____

Signature of Head of Household: _____ Date: _____