



COMPTON HOUSING AUTHORITY  
700 N. BULLIS RD.  
COMPTON, CA 90221  
PHONE: (310) 605-3080 FAX: (310) 605-3096

**REQUEST FOR HOUSING CHOICE VOUCHER TRANSFER**

Name of Family: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

I am requesting to transfer my voucher to another Public Housing Agency (PHA):

Name of PHA: \_\_\_\_\_

Address of PHA: \_\_\_\_\_

\_\_\_\_\_

PHA Official: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

The reason(s) for transfer is (are):

\_\_\_\_\_  
\_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

Signature of Head of Household: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WARNING: TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Name of PHA Official: \_\_\_\_\_

Title of PHA Official: Housing Specialist Telephone#: \_\_\_\_\_

Signature of PHA Official: \_\_\_\_\_ Date: \_\_\_\_\_