



**FAMILY REQUEST FOR IN STATE TRANSFER**

**Housing Choice Voucher Program**

This form *must* be submitted to Division of Housing (DOH) a minimum of **30 days** before anticipated move date

**PART I: COMPLETED BY INITIAL AGENCY AND FAMILY**

Head of Household \_\_\_\_\_ SSN \_\_\_\_\_

Current Address \_\_\_\_\_

Phone \_\_\_\_\_ Allocation Size \_\_\_\_\_

Anticipated Date of Move \_\_\_\_\_ Destination City \_\_\_\_\_

Initial Agency \_\_\_\_\_ Phone \_\_\_\_\_

Residential Coordinator (Name) \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
 Head of Household (Signature)      Date      Residential Coordinator (Signature)      Date

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**PART II: DOH USE ONLY**

Receiving Agency \_\_\_\_\_ Phone \_\_\_\_\_

Residential Coordinator (Name) \_\_\_\_\_ Fax \_\_\_\_\_

Initial and Receiving Agency notified by: Fax \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_

\_\_\_\_\_  
 DOH Staff Signature      Date

