



REQUEST TO TRANSFER

Name: (Please Print) _____

Address: _____

City, State, and Zip Code: _____

Phone Number: _____

Date of Admission to Program: _____

I AM REQUESTING MY PAPERWORK BE TRANSFERRED TO:

Name of Housing Authority: _____

Address : _____

City, State, and Zip Code: _____

Telephone Number: _____

Fax Number : _____

Contact Person: _____

Contact Persons Email Address: _____

Housing Authority's EIN #: _____

Housing Authority's PHA Code: _____

Signature of Tenant

Date

HACO Official Email:

Date

516 Burton Ave. * Orange, TX 77630 * (409) 883-5882 * (409) 883-8014 fax * www.orangeha.com

A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY AGENCY

The Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Housing Authority office for assistance.

Hearing impaired may contact Relay Texas at [1-800-735-2989](tel:1-800-735-2989) or 7-1-1.