



HOUSING AUTHORITY
of the City of Orange, Texas

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