



Housing Choice Voucher Program: 145 Railroad Avenue, Peckville, Pennsylvania 18452
(570) 342-3972 FAX: (570) 382-8906 E-Mail: contact@hacl.org

PORTABILITY REQUEST TO TRANSFER

Name: _____

Address: _____

Telephone: _____

I am requesting that my voucher be transferred to the following agency:

Housing Agency: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax: _____

I understand that it will be my responsibility to follow up with the Receiving Housing Agency and I must meet their standard and complete their process before my voucher expires.

Participant Signature

Date

HACL Signature

Date

