



SOUTH GATE HOUSING AUTHORITY

8650 CALIFORNIA AVENUE • SOUTH GATE, CALIFORNIA • 90280

(323) 563-9534 • Fax (323) 563-5751

Request for Transfer (Portability)

Name of Head of Household _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____

I am requesting to transfer to another Housing Authority Agency:

Name of Housing Authority: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Housing Authority Official: _____

Contact Number: _____

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

Name of Head of Household: _____

Signature: _____ Date: _____

(TO BE COMPLETED BY INITIAL HOUSING AUTHORITY)

The request to a VOUCHER TRANSFER has been APPROVED.

The request to a VOUCHER TRANSFER has been DENIED.

Date forms were mailed: _____

Housing Specialist: _____