



**REQUEST TO TRANSFER SECTION 8 ASSISTANCE TO ANOTHER  
HOUSING AUTHORITY**

***The Arvada Housing Authority (AHA) must receive this form 30 days prior to the date you wish to transfer.***

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Name of New Housing Authority: \_\_\_\_\_

Address of New Housing Authority: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Anticipated Date of Move: \_\_\_\_\_

**Please attach a copy of the 30 day notice provided to your landlord to this form.**

I understand that it is my responsibility to:

- Contact the new Housing Authority to schedule an orientation.
- Provide copies of birth certificates and social security cards for all household members. Household members age 18 or older may be required to provide a copy of their photo identification card.
- Contact the new Housing Authority to request an extension on my voucher, if more time is needed.
- Follow the new Housing Authority's policies and procedures.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date