

BENICIA HOUSING AUTHORITY
28 RIVERHILL DRIVE
BENICIA, CA 94510
707-745-2071 FAX 707-745-2673

REQUEST TO TRANSFER-OUT OF JURISDICTION

Date: _____

Name: _____

Social Security # _____

Current Address _____

Forward Address: _____

Telephone #: _____

I am requesting to transfer my Housing Choice Voucher to:

Name of Housing Authority: _____

Address: _____

Phone Number: _____

Contact Person: _____

I understand that once I transfer, my assistance will no longer be managed by the City of Benicia Housing Authority. My assistance will be managed by the Housing Authority I transfer to, and I may be absorbed into the program at that Housing Authority.

Signature: _____

Date: _____

TRANSFER PROCEDURES-HOUSING CHOICE VOUCHER PROGRAM

1. Provide copy of **30 Day Notice** to the Housing Authority.
2. Complete a **REQUEST TO TRANSFER-OUT OF JURISDICTION** form.
3. Provide current family composition and income verifications, along with a current Tenant Information Packet.
4. If you owe a balance on the Security Deposit Loan, it must be paid in full before the transfer is prepared.
5. Housing will notify you when your transfer has been mailed to the receiving Housing Authority.
6. Please allow **up to (10) ten business days** for the Housing Authority to process your request.