

The Housing Authority of the City of North Chicago

1440 Jackson Street. North Chicago, Illinois 60064

Phone: (847) 785-4300 Fax: (847) 689-4489

TRANSFER REQUEST

Head of Household: _____

Head of Household Address: _____

Head of Household Phone Number: _____

Housing Authority requesting to be transferred to:

Address of Housing Authority:

Phone Number: _____

Fax Number: _____

Contact Person: _____

Effective Date for Lease Up: _____

By signing below I am agreeing that I have requested to have my Housing Choice Voucher assistance transferred to the agency I have listed above.

Signature of Head of Household

Date