



HOUSING AUTHORITY OF THE COUNTY OF KERN

601- 24th Street, Bakersfield, CA 93301 (661) 631-8500 Fax (661) 631-1265



UNIT TRANSFER REQUEST

If you wish to transfer, please complete the information requested below and mail (or deliver) this form to the above address. If you have any questions, please contact your Caseworker.

Head of Household Name: _____

Address: _____

Social Security No.: _____ - _____ - _____ Phone No.: _____

Total People on the Lease: _____ Bedroom Size Needed: _____

I, the undersigned, hereby request that a Section 8 Voucher be issued so that I may relocate to a new residence. This request is made for the following reason(s):

Signature

Date

OFFICE USE ONLY

MV IP
GG DH
CP FM
DD CC
GP RR
PG LE

Supervisor Approval _____

Date of initial Occupancy? _____ Unpaid Damage Claim [] Yes [] No

Notes: _____
