



WAUKEGAN HOUSING AUTHORITY

REQUEST TO TRANSFER OUT

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

DATE: _____

I, _____ am requesting to be transferred to:

PLEASE CHECK ONE OF THE FOLLOWING:

LAKE COUNTY _____

COOK COUNTY _____

NORTH CHICAGO _____

CHAC _____

OTHER _____

Receiving Housing Authority Address: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Please complete the following information below:

Are you currently an FSS participant? YES () NO ()

Have you been recertified within the last 120 days? YES () NO ()

What dates are you authorized to move? _____

Do you owe money to WHA or your landlord YES () NO ()

Have you received an eviction notice? YES () NO ()

Do you have damages to the unit beyond normal wear and tear? YES () NO ()

Tenant Signature: _____

Tenant Address: _____

Tenant Phone Number: _____