



# TARRANT COUNTY

HOUSING ASSISTANCE OFFICE

Wayne E. Pollard  
Director of Housing

Telephone: (817) 531-7640  
Fax: (817) 212-3052  
TDD/TTY: (888) 444-2122

Date: \_\_\_\_\_

## Move Request

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

Cell Phone: \_\_\_\_\_

Please provide a detailed reason for your request to move. If you are requesting to **Port-Out** please indicate **where** you want to Port-Out. Also, be aware that you will need to have supporting documentation (i.e. medical, HQS, etc.).

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**LEASE END DATE:** \_\_\_\_\_ **A copy of your lease must be submitted along with this request, or you can submit your lease to: [Leasing@tarrantcounty.com](mailto:Leasing@tarrantcounty.com). We will not process your request without your current lease.**

**NOTE: PLEASE DO NOT GIVE YOUR LANDLORD YOUR NOTICE TO MOVE UNTIL AFTER YOU HAVE HAD YOUR APPOINTMENT!**

**TCHAO will review and approve all moves on a case by case basis.**

I certify that the above statement is true and accurate.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**IN OFFICE USE ONLY DO NOT WRITE OR TYPE IN THIS AREA**

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Reason for Denial

\_\_\_\_\_

\_\_\_\_\_  
TCHAO Staff Signature

\_\_\_\_\_  
Date

