Housing Authority

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HOUSING CHOICE VOUCHER PROGRAM
FAMILY REQUEST FOR PORTABILITY

Voucher Size: _____ Date: February 27, 2014

«First_Name» «Last_Name»
«Mail_Street_Num» «Mail_Street1» «Mail_Apt_Num»
«Mail_City», «Mail_State» «Mail_Zip»

Phone: _____

Current Landlord Information:

_____
Name

_____
Complete Address

_____
Phone Number

Complete the following information on the area to which you want to move under your portability option.

_____
Name of Housing Authority

_____
Address City, State, Zip Code

_____
Name of Portability Officer Phone Number Fax Number

_____
Signature, Head of Household

Please return this form to your case manager.