



PORTABILITY REQUEST FORM

Part 1: To be completed by Participant:		
Name:		Social Security #:
Phone:	Date of Birth:	Email:
I request to transfer my Housing Choice Voucher to this Housing Authority:		
Housing Authority Name:		Attn:
Address:		City, State, Zip:
Phone:		Fax:
Date vacating current unit:		Approximate Date of Transfer:
I understand that I am responsible for supplying any documents requested by my new Housing Authority (Birth Certificate, SS Card, Income Verifications, etc.).		
Applicant/Resident Signature		Date

