

REQUEST FOR PORTABILITY

PART 1 – TO BE FILLED OUT BY FAMILY

1. NAME: _____ DATE: _____

2. PHONE NUMBER: _____

3. DATE I PLAN TO MOVE: _____

4. HOUSING AUTHORITY I AM REQUESTING TO TRANSFER TO:

Please contact the Housing Authority you wish to transfer to and complete the following information:

Name of Housing Authority _____
Phone Number

Name of Contact Person (If applicable) _____
Email Address

Mailing Address _____
City State Zip Code

I understand that the Housing Authority I am transferring to may require verification of my family composition, income, assets, and expenses. I further understand that I must contact that Housing Authority once my portability request is approved, to review with them their policies and procedures for transferring there.

Signature of Family: _____ Date: _____

PART 2 – TO BE COMPLETED BY THE HOUSING SPECIALIST

1. REQUEST FOR TRANSFER IS:

APPROVED

DENIED/REASON: _____

2. DATE PORTABILITY FORM SENT: _____

Signature of Housing Specialist: _____ Date: _____

*If you are disabled or you need assistance in completing the attached form,
please ask for assistance at the front reception desk or call: (262) 653-4120*