

Commissioners

Shawnelle Gross, Chair
Terri Sinnott-Chardukian, Vice Chair
Lester B. Wright, Jr., Treasurer
Miles Hartley, Commissioner
Charles LeMay, Commissioner

REQUEST FOR PORTABILITY

PART 1 – TO BE FILLED OUT BY FAMILY

1. NAME: _____ DATE: _____

2. DATE I PLAN TO MOVE: _____

3. 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) _____ Fax Number

 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 MAILED: _____

Signature of Housing Specialist: _____ Date: _____