

**HOUSING CHOICE VOUCHER PROGRAM
PORTABILITY REQUEST FORM**

Participant's Name: _____

Mailing Address: _____

Telephone Number: _____

Departure Date: _____

Reason for Requesting Portable Transfer: _____

I would like to transfer my Housing Choice Voucher assistance to the following area:

Name of Housing Authority: _____

Contact Person's Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Please provide a forwarding mailing address and telephone number where you can be reached after you relocate:

Mailing Address: _____

Please provide names, address, and telephone numbers of two friends or relatives who will know how to get in contact with you.

Signature of Head of Household

Date

Approved

Section 8 Mgr.

Disapproved

Section 8 Mgr.