

Portability Request Form

Name of Participant _____

Present Address _____

City/State/Zip Code _____

Home Phone _____ Work Phone _____

I, _____ would like to have my Rental Assistance
Participant Name
transferred to _____
Receiving Jurisdiction (City or County Name)

Name and address of Housing Authority:

Participant Signature

Date

***If you do not have the correct name and address of the Housing Authority that you are transferring to, there is a chance that your transfer can be delayed. **Please provide accurate information.**