

FAMILY REQUEST FOR PORTABILITY

Name _____

Please provide the contact information for the county/city/locality to which you intend to move under the portability program.

Name of Housing Agency: _____

Address of Housing Agency: _____

City: _____ State: _____ Zip Code: _____

County: _____

Contact Name: _____

Telephone Number: _____ Fax: _____

Email Address: _____

If known, please list the unit address in the area to which you plan on moving:

Address of unit: _____

City: _____ State: _____ Zip: _____

Signature of Family: _____ Date: _____