



Portability Request Form

Date: _____

Dear Human Services Worker:

This is my notification to move to another jurisdiction on _____
I understand that it takes approximately 72 hours to have my packet mailed.
Please forward my records to the following Housing Authority:

Name of Housing Authority: _____

Address of Housing Authority: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Print Your Name Here

Last 4 digits of your SSN

Your Current Address

Telephone: _____

Signature: _____

Please Provide Your Current Landlord with a Move-Out Notice As Well.

