



Housing Choice Voucher (HCV) Client Request to Transfer (Portability):

Completion of this form does not guarantee that you will be ported to the agency listed below. Your file and information will be reviewed to determine if you meet the portability requirements.

Name: _____

Address: _____

City, State, & Zip: _____

Phone Number: _____

Email Address: _____

I am Requesting my Paperwork be Transferred to (Housing Authority):

Name of Housing Authority: _____

Address: _____

City, State, & Zip: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

Email Address: _____

Signature of Tenant

Date

PHA Official

Date