

## Housing Choice Voucher Program Portability Request Form

Name:	Date:
Present Address:	
Receiving PHA:(Hou	using Authority where you are going)
PHA Address:	
Contact Name:	Email:
Telephone:	Fax:
Is the PHA billing or absorbing this	voucher?
Voucher size?	Payment standard?
Participant Signature	Date
	RECT INFORMATION ON THE HOUSING AUTHORITY O GO, YOUR PAPERWORK WILL BE DELAYED.
Contact your Housing Specialist within 1 documents.	0 days to schedule an appointment to complete the necessary
Housing Specialist Name	Signature

