



REQUEST FOR PORTABILITY

DATE: _____

NAME: _____ SSN#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Information for the Housing Authority you want to move to under portability option:

Name of Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I will be out of my current address effective: _____

A copy of **NOTICE TO VACATE** given to landlord **MUST** be provided.

Client Signature: _____

Client Name (Printed): _____

GHA Use Only

Approved: _____ Denied: _____

Reason: _____

Date info Sent: _____ Staff Signature: _____