

Request For Portability/Transfers(circle one)

Part I. To Be Completed By the Head of Household (Please Print):

Name _____ SS# _____

Address _____

City/State _____ Zip _____

Telephone Number: Home () _____ Work () _____

Complete the following regarding the jurisdiction you want to move to:

Municipality _____

County _____ State _____

Name of Public Housing Authority _____

Address _____

City/State _____ Zip _____

Telephone () _____

Name of the Portability Officer _____

Signature of the Head of Household _____

Part II. To Be Completed By the DCA Field Office Supervisor

Voucher Number _____

The household is:

- ☐ A Voucher holder; or
- ☐ A program participant

If a Voucher holder, I have verified that the applicant household is income eligible in the jurisdiction of the receiving PHA.

If a program participant, the HAP Contract termination date is: _____

Signature _____ Date _____