

HOUSING AUTHORITY OF THE COUNTY OF TULARE

PORTABILITY REQUEST FORM



Family Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Voucher Expiration Date: \_\_\_\_\_

Reason(s) for request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receiving Public Housing Agency (if known) or Specific Destination

PHA Name or Destination: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

I am requesting portability to the above Public Housing Agency. I understand that if I am a MTW participant my rent will be calculated based on income in the receiving jurisdiction. I also understand that if I port back to this housing authority (HATC) I will only receive assistance for the remainder of my MTW term.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_