



Family Information

Name: _____

Address: _____

Phone: _____

Email Address: _____

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: _____

Email address: _____

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: _____