

Client Portability Request

Client's Name: _____

Client's Forwarding Address (if known): _____

Client's Telephone Number: _____

Client's Expected Move-Out Date: _____

Housing Authority Porting Out to:

Name of Housing Authority: _____

PHA's Address: _____

PHA's Contact Name: _____

PHA's Contact Number: _____

PHA's Fax Number: _____

I understand that once my case is transferred, it is my responsibility to contact the new jurisdiction regarding their requirements for portability.

Signature of Head of Household: _____

Date: _____

Date received by Portability Specialist: _____

Date Processed: _____