

Housing and Community Development

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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: