



PORTABILITY REQUEST FORM

I, _____ would like to request a transfer to:

Name of Housing Authority: _____

Housing Authority Street Address: _____

City: _____ State: _____ Zip Code: _____

Housing Authority Phone #: _____ Fax #: _____

Receiving Portability Specialist's Name: _____

Receiving Portability Specialist's Email: _____

Are you a Family Self Sufficiency (FSS) Participant? YES NO

I understand that a clearance letter from my landlord and a signed voucher is required before my paperwork can be transferred to the receiving Housing Authority stated above.

IMPORTANT INFORMATION

- Your portability packet will be sent to the above listed housing authority 60 days prior to your lease ending.
- If you wish to cancel or change your portability request, please provide written notification to CHA AND the above listed housing authority as soon as possible.
- If CHA has already sent your portability packet to the above listed housing authority, CHA requires you to request that housing authority return your portability packet to CHA. No actions will be made to your file until the portability packet is returned to CHA.

Tenant Signature

Date

Tenant's Email Address

Tenant's Phone Number