



**CHARTER OAK
COMMUNITIES**

FAMILY REQUEST FOR PORTABILITY

Housing Choice Voucher

Date _____

Name (print) _____

Address _____

Telephone#: _____

Work#: _____

Complete the following information on the area you want to move to under portability option.

Name of Housing Authority _____

Address: _____

City/State/Zip _____

Name of Portability Officer _____

Housing Authority Fax. # _____

Signature of Family _____

RETURN THIS FORM TO: SECTION 8 PROGRAM

22 CLINTON AVENUE, STAMFORD, CT 06901

PART II: PUBLIC HOUSING AUTHORITY USE ONLY:

APPROVED _____ DENIED _____

Documentation of Telephone Contract to Receiving PHA: Date _____

Receiving PHA will: _____ Absorb _____ Administer & bill

Receiving PHA _____

Address _____

City/State/Zip _____

Comments _____

Staff Initial _____ Date _____