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____________________________

22 Clinton Avenue, Stamford, CT 06901 | P: (203) 977-1400 | F: (203) 977-1419 | TDD/TFY 203-977-1429