REQUEST FOR PORTABILITY TRANSFER

Client’s Current Contact Information:

Name:

Mailing Address:

City: State: Zip:

Telephone Number: Cell Phone:

**I wish to have my Section 8 rental assistance transferred to:**

Name of Section 8 Agency:

Contact Person:

Agency’s Address:

City: State: Zip:

Phone: Fax:

Email:

**My move out will be effective for effective** .

 (Date)

* ***I understand no further Housing Assistance Payments will be issued to my present landlord after this date.***

*New Unit Information (if available):*

Mailing Address:

City: State: Zip:

Signature Date

**Initial and date if applicable:**

**\_\_\_\_\_\_\_\_ The move is being requested in accordance to VAWA, Violence Against Women Act.**

request for portability jc/12/16