



PORTABILITY REQUEST FORM

THIS FORM IS FOR FAMILIES WHO WISH TO TRANSFER (PORT) THEIR ASSISTANCE TO ANOTHER JURISDICTION

Today's Date: _____

T code#: _____

Print Name of Head of Household: _____

Signature of Voucher Holder: _____

Current Sacramento Address: _____

Forwarding Address: _____

Telephone: () _____

Upon verification of your eligibility to port, your paperwork will be sent to the Housing Authority indicated below within seven (7) business days of receipt of this form. Please fill out information below:

New Housing Authority: _____

Housing Authority's Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone: _____ Fax: _____

RETURN THIS FORM AND YOUR *NOTICE OF INTENTION TO VACATE* FORM TO:

SHRA
630 I Street
Sacramento, CA 95814
Fax: (916) 449-1285

