

REQUEST FOR PORTABILITY

| Name of Head of Household: | |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Current Address: | |
| City, State, Zip: | |
| Telephone: | Date of move: |
| New Housing Authority | |
| PHA Phone # | Fax # |
| Mailing Address: | |
| City, State, Zip: | |
| Contact Person: | Phone: |
| | MY FORWARDING ADDRESS IS: |
| | |
| the Housing Authority mentione | es will send my Portability documentation to d above. I should be prepared to pay rent n until the portability process is completed, |
| Signature of Head of Household | . date |

405 SW 6th Street Redmond, OR 97756 (541) 923-1018 Fax (541) 923-6441

s:housing/originals/forms/ports/portout request