



We know the way home.

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 Phone # _____ **MY FORWARDING ADDRESS IS:**

I understand that Housing Works will send my Portability documentation to the Housing Authority mentioned above. I should be prepared to pay rent on my own at the new location until the portability process is completed, as it may take a few weeks.

Signature of Head of Household

Date

Main Office:

405 SW 6th Street
Redmond, OR 97756

P) 541-923-1018

F) 541-923-6441

Text) 541-286-5562

Hours: Mon to Thurs
8am to 5pm

Closed Friday

www.housing-works.org

Bend Satellite Office:

2017 NE Full Moon Dr., Suite 100
Bend, OR 97701

P) 458-281-0813

F) 458-281-0815

Text) 541-286-5562

Hours: Tue, Wed, Thurs
9am to 4pm

Closed Monday & Friday

www.housing-works.org