



PORT-OUT REQUEST FORM

PARTICIPANT'S NAME: _____

CURRENT ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

I, _____

PARTICIPANT'S NAME

WOULD LIKE TO HAVE MY HOUSING CHOICE VOUCHER TRANSFERRED TO: _____

RECEIVING JURISDICTION (CITY OR COUNTY NAME)

NAME AND ADDRESS OF HOUSHING AUTHORITY TRANSFERRING TO:

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

I HAVE GIVEN PROPER NOTICE TO MY CURRENT LANDLORD AND THERE ARE NOT ANY OUTSTANDING RENT ARREARS.

CLIENT SIGNATURE

DATE