

Tarrant County Housing Assistance Office
Request for Portability

Name: _____

Current Address: _____

Phone Numbers: Home: _____ Cell: _____

Forwarding Address: _____

City/State/Zip: _____

Phone Numbers: Home: _____ Cell: _____

I wish to have my voucher transferred to the following Public Housing Authority under Portability. I understand that the expiration date on my voucher will not be extended.

Signature

Date

Public Housing Authority: _____

Mailing Address: _____
Street Address/PO Box

City, State, Zip Code

Phone Number: _____

Fax Number: _____

Contact Person: _____

eMail Address: _____

For TCHAO Use Only

Received by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Move-Out Date: _____ **HAP Placed on Hold:** _____

Port packet sent: _____ **by fax:** _____ **by mail:** _____
Date

by eMail: _____

Waitlist: _____ **Zip at Admission:** _____
Date