

PORTABILITY REQUEST

FAMILY MUST FILL OUT COMPLETELY:

Name of Head of Household: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Phone: (_____) _____

Area Code

PLEASE TRANSFER MY HOUSING ASSISTANCE TO:

Housing Authority: _____

Mailing Address: _____

City, State, Zip: _____

Phone: (_____) _____

Area Code

Contact Person: _____ Phone: (_____) _____

Area Code

Date I wish to move : _____

MY FORWARDING ADDRESS IS: _____

City, State, Zip: _____

Phone where I can be reached: (_____) _____

Area Code

Statement of Understanding: I understand that the Linn-Benton Housing Authority will send Portability papers to the Housing authority indicated above. I understand that the new Housing Authority will require me to provide current verification of information concerning my family composition, income, assets, expenses, social security cards for all family members, certification of citizenship status, and other verification they deem necessary. I also understand that this process may take a few weeks, and that I should be prepared to pay my rent on my own until the process is completed.

Signature of Head of Household

Date