



Housing Authority of the City of Rosenberg

REQUEST FOR PORTABILITY

Name (please print clearly) _____

Mailing Address of where you can be contacted:

Phone _____ Message Phone _____

I, the above named person, request that the Housing Authority of the City of Rosenberg transfer my voucher to the:

Name of Housing Authority: _____

Address: _____

City
State
Zip Code

Telephone #: _____ Fax #: _____

Contact Person's name: _____

E-Mail Address: _____

I understand that my initial PHA: Rosenberg Housing Authority "will limit" my ability to move to other Public Housing Authority to..." one in any twelve-month period."

I understand I must vacate my current unit on my written move-out date, return keys to my Landlord, clean and remove all of my belongings from the unit.

By signing this statement, I will adhere to its content.

Signed: _____ Date _____

Staff Signature _____ Date _____