Housing Authority
of the
City of Rosenberg

PORTABILITY REQUEST TO TRANSFER

Name (please print): _____

Street Address: _____

City, State, Zipcode: _____

Phone Number: _____

I am requesting that the Housing Authority of the City of Rosenberg transfer my voucher to the:

Housing Authority Name: _____

Address: _____

_____ _____ _____
City State Zip Code

Telephone #: _____ Fax #: _____

Contact Person's name: _____
E-Mail Address: _____

I understand that my initial PHA: <u>Rosenberg Housing Authority</u> limits my ability to move to another Public Housing Authority to one per year:
Provide reason for porting:_____

_____

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

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

Signed: _____ Date _____

Staff Signature _____ Date _____