

REQUEST FOR PORTABILITY

City of Pensacola Housing Choice Voucher Program

Date of Request: _____

Head of Household Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Signature _____

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THE AREA WHERE YOU WISH TO RELOCATE.

Name of Housing Authority where I want my voucher sent:

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: _____

Fax Number: _____

Name of Portability Contact Person: _____

Email address: _____

This form must be completed and returned to your Housing Counselor along with a copy of your 30-day notice to vacate.