HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA



REQUEST FOR PORTABILITY

Name (Print):							
Address (City, State, & Zip):							
Telephone: Home:		Other	()				
Have you been living at your	present residenc	e for more than or	ne year?	YES	NO		
Are you a participant of the F	FSS program?	YES NO)				
		owing information ng to transfer you			ance to:		
Name of Housing Authority:							
Address:							
City, State, & Zip:							
Contact Person: Phone Phone							
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