

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 residence for more than one year? YES NO

Are you a participant of the FSS program? YES NO

Complete the following information regarding the
jurisdiction you are requesting to transfer your Section 8 Assistance to:

Name of Housing Authority: _____

Address: _____

City, State, & Zip: _____

Contact Person: _____ Phone _____

I understand that I will be required to provide new income verification and any other information required by the receiving Housing Authority. I also understand that if I owe any monies to the Housing Authority of the County of Contra Costa, transferring from this county does not relieve me of my obligation to repay the debt. I may be denied assistance if this debt is not cleared.

Signature: _____ Date: _____

Please note: A copy of your intent to vacate notice must be attached with your Portability Request.

PLEASE ALLOW 10-14 BUSINESS DAYS FOR PROCESSING

Housing Representative

Title

Date

Telephone

For Office Use Only:

Resident ID#: _____
Social Security#: _____
Subsidy Size: _____
Caseworker: _____
Next Re: _____

DATE STAMP

