



Housing Authority

OF THE CITY OF PRICHARD, ALABAMA
P.O. Box 10307 • Prichard, Alabama 36610
Tel: (251) 456-3324 • Fax: (251) 456-3350

PORTABILITY REQUEST

Date _____
Name _____
SSN _____
Current Address _____
City State Zip Code _____
Phone Number _____

I am requesting to port my housing choice voucher to:

Name of Housing Authority _____
Portability Officer _____
Address _____
City State Zip _____
Phone Number _____
Fax Number _____
Estimated Date of Arrival _____
Are you a FSS Participant _____

If yes, please notify your FSS Coordinator, in writing, that you are porting to another Agency.

Signature of Family

Date

Occupancy Specialist

Date

CANCELLATION OF REQUEST

Please cancel the portability request above.

Signature of Family

Date