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PORTABILITY REQUEST

Head of Household: _____ Last Four of SSN: _____

Email Address: _____

Current Phone Number: _____ Other Number: _____

Lease Expiration Date: _____

I am requesting to transfer my voucher to the following housing authority:

Name: _____

Full Address: _____

Phone: _____ Fax: _____

Email: _____

Portability Case Manager: _____

I certify that I am in good standing with HCHA and I do not currently owe any balance to my landlord for unpaid rent or damages to the unit. Should I choose to remain in my current unit after the effective date to vacate, I will be responsible for paying the full amount of rent to the owner.

Head of Household Signature

Date

Internal Use Only

Date Received _____

Date Sent: _____

Sent By: Mail Email Fax