



8933 Interchange Dr.  
Houston, Texas 77054  
Tel: 713-578-2100  
Fax: 713-669-4594  
[www.hchatexas.org](http://www.hchatexas.org)  
[hcha@hchatexas.org](mailto:hcha@hchatexas.org)

**PORTABILITY REQUEST**

Head of Household: \_\_\_\_\_

Tenant ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_

Desired Vacate Date: \_\_\_\_\_

Current Address: (Client is responsible to update this with both housing authorities if there is a change)

\_\_\_\_\_  
Street, City, State, ZIP

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

Housing Authority Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Portability Case Manager Name: \_\_\_\_\_

**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

**Do Not Write below this line**

Cc: File

