



Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

REQUEST FOR PORTABILITY

Name of Head of Household: _____

Current Address: _____

City, State, Zip: _____

Telephone: _____ Date of Move: _____

New Housing Authority: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Contact Person: _____ Phone#: _____

Forwarding Address: _____

New Telephone: _____

I understand that the Department of Housing Services of Washington County will not accept billings from the other Housing Authority unless the Payment Standard is equal to or less than the current Payment Standard of the Washington County Department of Housing Services. I should be prepared to pay rent on my own at the new location until the portability process is completed, as it may take a few weeks.

Signature of Head of Household

Date