

Elgin Housing Authority

515 Old McDade Road #100, Elgin TX 78621
Tel: (925) 252-4830 FAX (925) 427-2715 TTY: (925) 427-7950

FAMILY REQUEST FOR PORTABILITY

Date: _____ SSN: _____

Family Name (HOH): _____

Cell Phone number: _____ Home Phone number: _____

Current Mailing Address: _____
Address City State

Valid E-Mail Address: _____

I am requesting to move/port to:

City: _____ State: _____

Name of Housing Authority; please transfer my portability packet to:

Name of Housing Authority: _____

Address of Housing Authority: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact Person: _____

Email for Contact Person: _____

Housing Authority Use Only:

Has a notice to vacate been given to landlord? Yes No Date notice was given: _____

Date existing lease ends: _____ Earliest effective date of new lease: _____

Does participant owe unpaid utilities or rent? Yes No

52665

50058

Income Verification

Household Support Docs

Housing Representative

Date