

PORTABILITY REQUEST FORM

Pomona Housing Authority

I am requesting portability to the above Housing Authority. I also acknowledge that the following has been discussed with me:

- Responsibilities of initial Housing Authority.
- Responsibilities of receiving Housing Authority.
- Rights and responsibilities of family requesting portability.
- The importance of planning during the entire process.
- The contents of the portability request package.
- I know it is my responsibility to keep track of my voucher expiration date. As extensions may not be granted.

Reason(s) for request: _____

It is the family's responsibility to provide correct mailing information. File will be mailed to the address you provide. The PHA assumes no responsibility for mail address mistakes.

FAMILY INFORMATION	HOUSING AUTHORITY to be mailed to:
Name of Family:	Agency:
Address: _____	Address: _____
Pomona, CA 917_____	
Phone: ()	Phone: ()
Voucher Expiration Date:	Contact Person:

FAMILY CERTIFICATION	PHA OFFICIAL CERTIFICATION
Name of Family:	Name: _____
Family Signature:	Title: Housing Specialist
Date Requested:	Signature: _____
	Phone: (909) 620-2 _____
	Fax: (909) 620-4567
	Date Approved: _____, 2005