

## 5 2 5 S O U T H L A W R E N C E S T R E E T M O N T G O M E R Y, A L A B A M A 3 6 1 0 4 – 4 6 1 1 PHONE: (334)-206-7200 – FAX: (334)-206-7222 – WEBSITE: M H A T O D A Y.O R G

## PORTABILITY REQUEST

July _	, 2012		
I		, request to transfer my Section 8 voucher to the Section	n 8 Department of:
	Agency Name:		
	Portability Officer:		
	Address:	·	
	City, State, & Zip:		
	Fax Number:		
	Phone Number:		
Му со	entact information is as follows:		
	Name:		
	Address:		
	City, State, & Zip:		
	Phone Number:		
	Lease Expiration Date:		
I unde	rstand that the necessary docume	nts will be sent to the requested agency.	
	Signature of Tenant	Date	
	Housing Specialist	Date	
****	*********	******************	******
****	********	CANCELLATION OF TRANSFER	*******
I requ	est that my transfer to	, the above authority be ca	ancelled.
	Signature of Tenant	Date	