

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.

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

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