



GARLAND
HOUSING AGENCY

REQUEST FOR PORTABILITY

Date: _____

Name: _____

SSN: (Last 4 digits): _____

Address: _____

City, State & Zip _____

Telephone # _____

Email address: _____

Complete the following information for the area you want to move under the portability option:

Name of Agency: _____

Address of Agency: _____

City, State, & Zip: _____

Contact person name: _____

Contact Phone number: _____ Contact Email _____

I will be moving out of my current address effective (date): _____

Participant's Signature: _____

GHA Use Only

Approved: _____ Denied: _____

Date Portability paperwork mailed to receiving HA: _____

Case Manager Signature: _____

Reason: _____