



**Portability Request**  
(Solicitud de Traslado)

**I am requesting to transfer my HCV Rental Assistance to:**  
(Estoy solicitando para transferir mi asistencia de Alquiler de VHC)

\_\_\_\_\_  
City and State (Ciudad y Estado)

**Housing Authority Name:**  
(Nombre de la Housing Authority)

**Name of contact person:**  
(nombre de la persona)

\_\_\_\_\_  
**Housing Authority Address:**  
(Direccion de la Housing Authority)

\_\_\_\_\_  
**Housing Authority Phone and Fax Numbers:**  
(Numero del telefono y fax de la Housing Authority)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Name of Client requesting the Portability:**  
(Nombre del cliente que esta requiriendo moverse)

\_\_\_\_\_  
Please print (por favor imprima)

**Forwarding address:** \_\_\_\_\_  
(Direccion de reenvio)

**Phone number:** \_\_\_\_\_  
(Numero de telefono)

\_\_\_\_\_  
**Signature** (firma)

\_\_\_\_\_  
**Date** (fecha)

**Social Security Number:** \_\_\_\_\_  
(Numero del Seguro Social)

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