



# Housing Authority of the City of Rosenberg

## REQUEST FOR PORTABILITY

Name (please print clearly) \_\_\_\_\_

Mailing Address of where you can be contacted:

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

I, the above named person, request that the Housing Authority of the City of Rosenberg transfer my voucher to the:

Name of Housing Authority: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City
State
Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person's name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I understand that my initial PHA: Rosenberg Housing Authority "will limit" my ability to move to other Public Housing Authority to..." one in any twelve-month period."

I understand I must vacate my current unit on my written move-out date, return keys to my Landlord, clean and remove all of my belongings from the unit.

By signing this statement, I will adhere to its content.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_