



REQUEST FOR PORTABILITY

HOUSEHOLD INFORMATION:

Tenant ID: _____ HOH SS#: _____

Head of Household Name (Print): _____

Current Address: _____
street City State Zip

Telephone: _____
Home Cell Work

REQUESTING TO MOVE TO THIS HOUSING AUTHORITY'S AREA:

Name of Housing Authority (HA): _____

HA Address: _____
Street City State Zip

Name of HA Contact: _____ Phone: _____
Email: _____
Fax: _____

HEAD OF HOUSEHOLD SIGNATURE:

_____ Date: _____

Date Requesting to Move to New Housing Authority: _____

Return this completed form to: Emily (A-J) Tasha (K-Z)

Fax: 507-328-7959

Please allow 7 – 14 business days for processing

OCHRA Office Use Only:

- Notice to Vacate received from Head of Household
- Move/Port Appointment Scheduled: _____

Voucher Size: _____ Receiving agency is: Absorbing Billing

Mailed/Faxed to _____ Housing Authority

Request Completed: Date: _____ OCHRA Staff: _____