GARDEN GROVE HOUSING AUTHORITY

PORTABILITY REQUEST FORM

| FAMILY INFORMATION | |
|--|--|
| NAME OF FAMILY ADDRESS PHONE V/C NUMBER V/C BEDROOM SIZE V/C EXPIRATION DATE | |
| REASON(S) FOR REQUEST | |
| (4) | RECEIVING PUBLIC HOUSING AGENCY |
| NAMEADDRESS | |
| PHONE CONTACT PERSON | 8 |
| I AM REQUESTING PORTABILI THAT THE FOLLOWING HAS BE | TY TO THE ABOVE PUBLIC HOUSING AGENCY. I ALSO ACKNOWLEDGE EN DISCUSSED WITH ME: |
| o RESPONSIBII o RESPONSIBII o RIGHTS AND o THE IMPORTA o THE CONTENTO o TIME FRAME | ENCES BETWEEN VOUCHER AND CERTIFICATE PROGRAMS LITIES OF INITIAL PUBLIC HOUSING AGENCY LITIES OF RECEIVING PUBLIC HOUSING AGENCY RESPONSIBILITIES OF FAMILY REQUESTING PORTABILITY ANCE OF PLANNING DURING THE ENTIRE PROCESS IS OF THE PORTABILITY REQUEST PACKAGE FOR TRANSFER (USUALLY TAKES UP TO 60 DAYS) IN FMRS AND PAYMENT STANDARDS |
| DATE REQUESTED | |
| NAME AND TITLE OF PHA OFFI SIGNATURE OF PHA OFFICIAL | CIAL |