



Central Virginia Housing Coalition
2300 Charles Street
Fredericksburg, VA 22401
Phone: (540) 604-9943 Fax: (540) 604-9949



Housing Choice Voucher Program Portability Request Form

Name: _____ Date: _____

Present Address: _____

Receiving PHA: _____
(Housing Office where you are going)

PHA Address: _____

Contact Name: _____ E-Mail: _____

Telephone: _____ Fax: _____

Participant Signature _____ Date _____

**IF YOU DO NOT HAVE THE CORRECT INFORMATION ON THE HOUSING
AUTHORITY WHERE YOU WISH TO GO, YOUR PAPERWORK WILL BE DELAYED.**

Contact your Housing Agent within 10 days to schedule an appointment to complete the necessary documents.

Housing Agent Name

Signature