



Central Virginia Housing Coalition  
208 Hudgins Road  
Fredericksburg, VA 22408  
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