



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