



PORTABILITY REQUEST

Participant Name: _____

Telephone Number: _____

Email Address: _____

() Waiting List/New () Current Participant → Vacate Date: _____

I REQUEST TO HAVE MY VOUCHER TRANSFERRED TO

Agency Name: _____

Contact Name (in care of): _____

Agency Mailing Address: _____

Agency Email Address: _____

Telephone Number: _____ Fax Number: _____

- I understand that CCDH will transfer my file to the above-named agency within **ten (10) days**.
- I understand that the portability transfer process may take up to **30 days**.

Signature of Head of Household

Date

FOR AGENCY USE ONLY

Processed by: _____

Date portability request received: _____

Participant eligible for portability? () Yes () No

Date tenant file sent to receiving agency: _____