



GARLAND
HOUSING AGENCY

REQUEST FOR PORTABILITY

Date: _____

Name: _____

SSN: _____

Complete the following information for the area you want to move under the portability option.

Name of Agency: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

I will be moving out of my current address effective: _____

Client's Signature: _____

GHA Use Only

Approved: _____

Denied: _____

Date Portability paperwork mailed to receiving HA: _____

Reason: _____

Case Manager Signature: _____