



BOONECOUNTYKY.ORG

REQUEST FOR PORTABILITY TRANSFER

Client's Current Contact Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell Phone: _____

I wish to have my Section 8 rental assistance transferred to:

Name of Section 8 Agency: _____

Contact Person: _____

Agency's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

My move out will be effective for _____.
(Date)

Signature

Date

- **I understand no further Housing Assistance Payments will be issued to my present landlord after this date.**

New Unit Information (if available):

Mailing Address: _____

City: _____ State: _____ Zip: _____

If applicable initial and date:

_____ **The move is being requested in accordance to VAWA, Violence Against Women Act.**

request for portability jc/6/21