



837 Main Street, Racine, WI 53403 | Phone: (262)636-3405 | Fax: (262)636-3404 | www.rcha.org

APPLICANT/TENANT REQUEST FOR PORTABILITY

I am hereby requesting to transfer my Section 8 Voucher to:

Name of Housing Authority	
Address of Housing Authority (include city state & zip code)	
Phone Number of Housing Authority	
Fax Number of Housing Authority	
Email of Port Specialist at the Housing Authority	
Projected Move out date:	

I authorize the Housing Authority of Racine County to release any information regarding my Section 8 assistance, including information on family composition and income verification, to the housing authority named above. I understand that if I decide no to use this transfer, I must inform the Housing Authority of Racine County in writing as soon as possible. I understand that it will take up to **10 business days** for my portability to be processed.

CLIENT INFORMATION

Name	
Email Address	
Phone Number	
Social Security Number	
Housing Specialist	

Signature of Head of Household

Date

Housing Specialist Signature

Date