

HOUSING AUTHORITY OF RACINE COUNTY

837 MAIN STREET
RACINE, WISCONSIN 53404
(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 | |
| Contact person at the Housing Authority | |
| Termination date of current lease | |

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 not to use this transfer, I must inform the Housing Authority of Racine County in writing as soon as possible.

CLIENT INFORMATION

| | |
|-------------------------------|--|
| Name | |
| Address | |
| Phone Number | |
| Social Security Number | |
| Housing Management Specialist | |

Signature of Head of Household

Date

Signature of Housing Management Specialist

Date