

Porting Out to Another Housing Authority

Date: _____

Name of Head of Household: _____

Current Address: _____

Current Phone: _____

Please list your Forwarding address if known:

I/ We : _____ herby
request that the Opelika Housing Authority transfer my voucher
To the following agency:

Housing Authority: _____

Contact Person : _____

Address: _____

City,state,zip code: _____

Phone #: _____

I understand that my total family income(s) and household will be requested for relocation purposes. I understand that if it is determined that I owe OHA any money. I will not be able to port out until the balance is paid in full.

Signature: _____

Date: _____