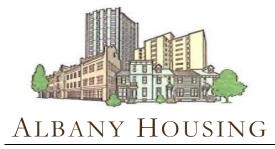


AUTHORITY

Albany Housing Authority Request for Portability

Name:	
Current Address:	
Phone Number:	
Email address:	
I wish to have my voucher transferred to the under Portability. I understand that my voutransferring and I will not be eligible to have	ucher will be fully extended prior to
I understand that it is my responsibility to with any questions regarding their policies to another jurisdiction, the voucher size (n reporting requirements may change based Authority.	and procedures. When I choose to move umber of bedrooms), rent portion, and
I understand that once my approved requestioned take up to 10 business days for my valuesing Authority.	• •
I understand that the Receiving Housing A briefing prior to issuing my voucher and p	· · ·
I understand that if I move into a unit prior Authority that I am responsible for 100% of	
Signature	 Date



AUTHORITY

Public Housing Authority	
Mailing Address:	
Phone Number:	
Fax Number:	
Email Address:	
Contact Person:	