



# Portability Request Form



Date \_\_\_\_\_

**Client Name** \_\_\_\_\_ Last 4 of SS # \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

**Housing Authority Porting To** \_\_\_\_\_ **HUD Project #** \_\_\_\_\_

Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This box is for SRHA only.** CL# \_\_\_\_\_

_____ 52665	_____ Good Standing	_____ Assets
_____ 50058	_____ Picture ID	_____ Income
_____ EIV	_____ Birth Certificates	_____ Allowance
_____ Voucher	_____ SSN Cards	_____ Citizenship Forms
_____ Copy of Notice (if applicable)	_____ Credit Check ( if applicable)	

Gross Annual Income (for applicants only) \$ \_\_\_\_\_

**This box is for Receiving PHA use only.**

Your PHA is \_\_\_\_\_ *Billing* or \_\_\_\_\_ *Absorbing* this client. Payment Standard: \_\_\_\_\_  
 If billing our agency, please submit Tax Payer ID# \_\_\_\_\_

Please send Billing information to:

Staunton Redevelopment and Housing Authority	Phone: 540-886-3413
900 Elizabeth Miller Gardens	Fax: 540-885-5414
Staunton, VA 24401	Email: ahutchens@stauntonrha.org