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Housing Choice Voucher Program

Portability Request to Transfer

Name:	Client's Entity ID:
Address:	
	Email Address:
Current Phone Nu	mber:
l am re	questing that my voucher be transferred to the following agency:
Agency Name: _	
Agency Address: _	
Contact Person:	
Phone Number:	
Fax Number:	
Email Address:	
(Signature)	(Data)