

1701 Robertson Road P. O. Box 581918 Modesto, CA 95358-0030 (209) 557-2000 Fax (209) 557-2035

Date:_____

SECTION 8 PORTABILITY REQUEST FORM

HAP:	
Dear Section 8 Participant;	
In order for the Stanislaus County Housing Authority where y transferring into their jurisdiction (each agency leads to the stanislaus County Housing Authority where y transferring into their jurisdiction (each agency leads to the stanislaus County Housing Authority where y transferring into their jurisdiction (each agency leads to the stanislaus County Housing Authority where y transferring into their jurisdiction (each agency leads to the stanislaus County Housing Authority where y transferring into their jurisdiction (each agency leads to the stanislaus County Housing Authority where y transferring into their jurisdiction (each agency leads to the stanislaus County Housing Authority where y transferring into their jurisdiction (each agency leads to the stanislaus County Housing Authority where y transferring into the stanislaus County Housing Authority where y transferring into the stanislaus County Housing Authority where y transferring into the stanislaus County Housing Authority where y transferring into the stanislaus County Housing Authority where y transferring into the stanislaus County Housing Authority where y transferring the stanislaus County Housing Authority where the stanislaus County Housing Authority Housing Authority Where the stanislaus County Housing Authority Housing Housing Hous	•
Upon acquiring the information, the Stanislaus Cinformation and if eligible, process your portabil "Receiving Housing Authority".	
Please complete below and return	n to Stanislaus Housing Authority
I/We	am requesting portability of my/our County or jurisdiction:
Receiving Housing Authority	
Address	
Name of Person to send Portability Packet to	
Signature of Head of Household	Date
Signature of Co-Tenant	Date