



HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM  
400 U.S. HIGHWAY #1, (MARION GARDENS), JERSEY CITY, NEW JERSEY 07306  
(201) 706-4678 FAX: (201) 547-6755 TDD#: (201) 547-8989 WWW.JCHA.US

(\*Must be submitted with the Lease  
Termination Agreement)

## PORTABILITY REQUEST FORM

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I \_\_\_\_\_ am requesting a portability transfer  
from \_\_\_\_\_ to \_\_\_\_\_

for the following reason(s):

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Name of Housing Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

\_\_\_\_\_  
HCVP Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative Signature

\_\_\_\_\_  
Date Received