



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):

Name of Housing Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact Person: _____



HCVP Participant Signature

Date

Housing Authority Representative Signature

Date Received