



Baytown Housing Authority

"Building Communities One Family At a Time"

PORTABILITY REQUEST

Date: _____

Name: _____

Address: _____

City/State _____ Zip Code: _____

Telephone #: _____ Work #: _____

I, _____, would like to transfer my Housing Choice Voucher to the following Housing Authority:

Name of Housing Authority: _____

Caseworker: _____

Address: _____

City/State: _____

Telephone #: _____ Fax #: _____

Signature: _____ Date: _____