



ALBUQUERQUE HOUSING AUTHORITY
Empowering people in our community through affordable housing and self-sufficiency opportunities

REQUEST FOR PORTABILITY

Date of Request: _____ Bedroom Size of Voucher: _____

Head of Household Name: _____ SS# _____

Address: _____

City/State: _____ Zip Code _____

Contact Number: Home: _____ Cell _____

Head of Household Signature

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THE AREA WHERE YOU WISH TO RELOCATE:

Name of Housing Authority (HA) in the City where I want to move: _____

PHA CODE: _____

Address of the HA: _____

City/State: _____ Zip Code _____

Telephone Number of HA: _____ FAX: _____

Name of Contact Person at HA: _____

Email: _____

This form must be completed and returned to your Section 8 Housing Specialist at the Albuquerque Housing Authority, along with a copy of your 30-day notice to vacate. Your income information must be current (not more 60-days old).



/abqha



/HousingABQ



Equal Housing Opportunity Agency

