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 MuskogeeHousing.org

PORTABILITY REQUEST FORM

I am requesting that my HCV assistance be transferred to another housing authority through the portability option. I understand the file transfer is dependent on the receiving agency's ability to accept new files.

Please send my information to the following housing authority:

Housing Authority Name: _____

Mailing Address _____

City, State, ZIP _____

Telephone Number _____

Fax Number _____

Email Address _____

I understand that different housing authorities have different policies and the income guidelines, bedroom assignment, and other procedures may be different from my present participation requirements.

Participant Printed Name

Date

Participant Signature