

Portability Request Form

4800 N. Broadway, Boulder, CO 80304

| p: 720-564-4630 | f: 303

| f: 303-302-1658 | www.boulderhousing.org

Name:				Social Security # :
Name.				
First	Middle	La	st	
Phone:		Date of Birth: (MM/	′DD/YY)	E-mail:
		/ /		
l request to t	ransfer my Housing Cho	vice Voucher to t	his Housin:	g Authority:
Housing Authority Name:				Attn:
Address:		Cit	y, State, Zip:	
		Cit	y, state, 21p.	
Phone:		Fay	Fax:	
Date vacating current unit:			Approximate Date of Transfer:	
	I am responsible for supplying an Social Security card, income verifi	-	a by the new H	lousing Authority
	, ·			
	Applicant/Resident Signature			Date
Part 2: To be	completed by Boulder I	Housing Partner	s:	
		-		or mutual rescission of lease
Part 2: To be Re-certification Da		No		or mutual rescission of lease
Re-certification Da	ate:	No ef	otice to vacate fective on:	
Re-certification Da	ate: rmation: Form HUD-52655, c	No ef	otice to vacate fective on:	or mutual rescission of lease
Re-certification Da Portability Infor supporting hou	ate:	No ef	otice to vacate fective on:	
Re-certification Da	ate: rmation: Form HUD-52655, c	No ef	otice to vacate fective on:	
Re-certification Da Portability Infor supporting hou	ate: rmation: Form HUD-52655, c	No ef	otice to vacate fective on:	
Re-certification Da Portability Infor supporting hou	ate: rmation: Form HUD-52655, c	No ef	otice to vacate fective on:	

Housing Choice Voucher Specialist

Hearing Assistance 1-800-659-3656