



1305 East First Avenue #1
Indianola IA 50125

P 515.961.1073
F 515.961.1077

PORTABILITY REQUEST

DATE: _____

VOUCHER #: _____

NAME _____

CURRENT ADDRESS _____

TELEPHONE NUMBER _____

I REQUEST PORTABILITY TO THE FOLLOWING LOCATION:

(Please list the City and State that you wish to relocate to along with the name, address and telephone number of the Housing Authority in that jurisdiction.)

Housing Authority _____

Address _____

City/State _____

Telephone Number _____

Fax Number _____

Signature _____