



CITY OF JANESVILLE

Wisconsin's Park Place

Family Request for Portability

To Be Completed by Client (please print clearly)

Tenant Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

I am planning on vacating my unit on: _____

I wish to transfer my assistance to the following Housing Authority:

Name of HA: _____

Address of HA: _____

Contact Person: _____

Telephone: _____ Fax: _____

Voucher Holder Signature

Date

TO BE COMPLETED BY IHA:

Date called receiving HA: _____

Person spoke with: _____

RHA will absorb: _____ RHA will bill: _____

Date paperwork was sent to RHA: _____

Signature of IHA Case Manager

Date

NEIGHBORHOOD SERVICES

P.O. Box 5005 ▪ JANESVILLE, WI 53547-5005 ▪ (608) 755-3000 ▪ FAX (608) 755-3207
WEBSITE: <http://www.ci.janesville.wi.us> ▪ E-MAIL: @ci.janesville.wi.us