



Portability Request Form



Date _____

Client Name _____ Last 4 of SS # _____

Current Address _____

City, State, Zip _____

Email Address _____

Phone # _____ Other Phone # _____

Housing Authority Porting To

Contact Person _____

Street Address _____

City, State, Zip _____

Email Address _____

Phone # _____ Fax # _____

Client Signature _____ Date _____

This box is for SRHA only.			CL# _____
_____ 52665	_____ Good Standing	_____ Assets	
_____ 50058	_____ Picture ID	_____ Income	
_____ EIV	_____ Birth Certificates	_____ Allowance	
_____ Voucher	_____ SSN Cards	_____ Citizenship Forms	
_____ Copy of Notice (if applicable)	_____ Credit Check (if applicable)		
Gross Annual Income (for applicants only) \$ _____			

This box is for Receiving PHA use only.	
Your PHA is _____ <i>Billing</i> or _____ <i>Absorbing</i> this client.	Payment Standard: _____
If billing our agency, please submit Tax Payer ID# _____	
Please send Billing information to:	
Staunton Redevelopment and Housing Authority	Phone: 540-886-3413
900 Elizabeth Miller Gardens	Fax: 540-885-5414
Staunton, VA 24401	Email: bpulley@stauntonrha.org