



Longmont Housing Authority

350 Kimbark Street

Longmont, CO 80501

P: 303.651.8581 | F: 888.502.1536

www.longmonthousing.org | info@longmontha.com

FAMILY REQUEST FOR PORTABILITY

Housing Choice Voucher Program Only

This form must be submitted to the Longmont Housing Authority a minimum of 30 days before anticipated move date with Move out Notice and/or Mutual Rescission of Lease (30/60/90 days' notice see your lease terms)

Assisted Family Information

Head of Household: _____

Social Security No.: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Assigned Housing Choice Voucher Specialist: _____

Information of Housing Authority for Portability

Name of Housing Authority: _____

City: _____ State: _____

Name of Agency Contact: _____ Phone: _____

PHA Email/Fax: _____

Anticipated Date to Move: _____

Head of Household's Signature: _____

Date: _____

PHA USE ONLY

Absorbed: _____ Administered: _____

Name of PHA: Longmont Housing Authority PHA Code: _____

PHA Phone: 303.774.4614, 303.774.4611

PHA Email: marcus.kennedy@longmontcolorado.gov;

ruby.ford@longmontcolorado.gov

Voucher Size: _____ LHA Payment Standard: \$ _____

Receiving PHA Payment Standard: \$ _____

Housing Voucher Specialist Signature: _____

Date: _____

Si necesitas interpretación por favor llame la oficina a 303.651.8581

