



**Longmont Housing Authority**

350 Kimbark Street

Longmont, CO 80501

P: 303.651.8581 | F: 888.502.1536

[www.longmonthousing.org](http://www.longmonthousing.org) | [info@longmontha.com](mailto: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: \_\_\_\_\_ PHA Code: \_\_\_\_\_  
PHA Phone: \_\_\_\_\_  
PHA Email: \_\_\_\_\_  
\_\_\_\_\_  
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*

