

# FALL RIVER HOUSING AUTHORITY

SECTION 8 OFFICE

1197 ROBESON STREET – P.O. BOX 989

FALL RIVER, MASSACHUSETTS 02722

TEL: (508) 675-3515 Portability Department  
FAX: (508) 324-7813 Portability Fax number

EQUAL HOUSING  
OPPORTUNITY

## REQUEST FOR PORTABILITY

To be completed by head of household  
You must be issued a voucher in order to port out  
without a voucher issued to move this form is invalid

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Last four SS# \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

\*\*\*Please be advised that the portability process takes approximately 14 to 21 days  
To be completed. Your request will be reviewed as quickly as possible. You will need  
To call the Housing Authority you listed below to make sure your paperwork has been  
Received and to make arrangement to go through their move in procedure. \*\*\*

\_\_\_\_\_  
\*\*Complete the following regarding the Housing Authority of your choice\*\*

Name of Housing Authority: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ FAX # \_\_\_\_\_

Name of portability Specialist (Required) \_\_\_\_\_

Email Address of the Portability Specialist: (Required) \_\_\_\_\_

Do you have the FSS Program YES or NO (please circle)

Housing Authority Code # \_\_\_\_\_

Housing Authority is BILLING or ABSORBING (please circle one) \*Please be advised this  
form is to be filled out completely and returned to the Fall River Housing Authority