



Building on Success
4780 North State Road 7, Lauderdale Lakes, FL 33319 • (954) 739-1114 • Fax (954) 497-4178 • TRS/Florida Relay Service 711 • www.bchaf1.org

Date: _____

Name: _____

Address: _____

PORT OUT REQUEST FORM

Name of Head of Household: _____

Social Security Number: _____

Forwarding Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Estimated Date of Arrival: _____

Please provide the following information on the Housing Authority you are requesting to transfer your Housing Choice Voucher to:

Name of Housing Authority: _____

Address: _____

Name of HA Representative: _____

Phone Number: _____

Fax Number: _____

Contact E-Mail Address: _____

Are you an FSS Participant? YES ___ NO ___

(If you are an FSS Participant, please notify the FSS Coordinator, in writing, that you are porting to another Housing Authority.)

I understand I will need to contact the new Housing Authority to inquire about any additional requirements that they may have. Once I port-out, my rental assistance will no longer be managed by the Broward County Housing Authority. The Housing Authority I port to will manage my assistance and I may be absorbed into the receiving Housing Authority's Housing Choice Voucher Program.

Signature: _____ Date: _____

