

DOVER HOUSING AUTHORITY

62 Whittier Street
Dover, New Hampshire 03820-2994

PORTABILITY REQUEST FORM

Family Information

Name: _____
Address: _____
Phone: _____
Reason(s) for request:

Receiving Public Housing Agency

PHA Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Contact Person: _____

Absorbing or Billing: _____

Date Moving: _____

I am requesting portability to the above Housing Authority. I understand that Housing Authorities often have different Income Limits, Payment Standards and Subsidy Standards and that my rent will be calculated based on income in the receiving jurisdiction.

Printed Name: _____
Signature: _____
Date: _____