"POINTING TOWARDS PROGRESS" **Pontiac Housing Commission**

NEIL HILTON, President
MELANIE RUTHERFORD, Vice-President
DUSTIN MCCLELLAN, Commissioner
DEAN, BEVACQUA, Commissioner
DARRIUS JOYNER, Resident Commissioner
AHMAD TAYLOR, Executive Director

91 N Saginaw St, Ste 105
Pontiac, Michigan 48342
(248) 338-4551
Fax (248) 338-7996

PORTABILITY REQUEST

NOTE: PRIOR TO SUBMITTING THIS FORM PLEASE CHECK WITH YOUR CASE WORKER.

MY RECERTIFICATION MONTH IS:

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER

I am requesting that my Housing Choice Voucher be transferred to the Housing Authority Listed Below.

_____ _____ _____
Print Name (HCV Participant) **Signature (HCV Participant)** **Date**

Name of Housing Authority_____

Address of Housing Authority_____

City_____**State**_____**Zip Code**_____

Name of Contact Person:_____

Email Address: _____

Phone Number: _____

Fax Number: _____

I have given my landlord a 30 day notice to vacate the premises on _____.
(Please attach a copy of the 30 day notice)

Pontiac Housing Commission Staff: _____

Date Request Received: _____