

Housing Authority of the City of San Luis Obispo
P.O. Box 1289 ~ San Luis Obispo ~ CA, 93406-1289
Phone (805) 543-4478 ~ Fax (805) 595-1372

Family Portability Request

Applicant Name: _____

Contract #: _____

Please list the address and telephone number where you can be contacted:

Address: _____

Phone: _____

I _____ would like to use portability with the county of

_____.

I will be moving to this area on _____.

Housing Authority Name: _____

Housing Authority Address: _____

Contact: _____

Phone: _____ Fax: _____

~~~~~Office Use Only~~~~~

Voucher issuance date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mailed to receiving Housing Authority on \_\_\_\_\_.