



Iowa Northland Regional Housing Authority

PORTABILITY REQUEST

Date of Request: _____

Head of Household Name (Print): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email: _____

Please provide all required information below for the Housing Authority to which you wish to relocate.

Name of Housing Authority: _____

Address of Housing Authority: _____

City, State, Zip Code: _____

Telephone Number of PHA: _____

Contact Person: _____

Email: _____ Fax: _____

I/We request portability transfer to the above listed location.

Signature of Head of Household

Date

Signature of Spouse/Other Adult Member

Date