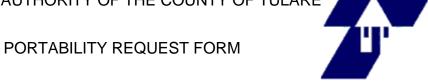
HOUSING AUTHORITY OF THE COUNTY OF TULARE



Family Information

lame:
ddress:
hone:
oucher Expiration Date:
teason(s) for request:
Receiving Public Housing Agency (if known) or Specific Destination
PHA Name or Destination:
ddress:
City, State, Zip Code:
hone:
Contact Person:
am requesting portability to the above Public Housing Agency. I understand that if I an
MTW participant my rent will be calculated based on income in the receiving
urisdiction. I also understand that if I port back to this housing authority (HATC) I wil
nly receive assistance for the remainder of my MTW term.
rinted Name:
ignature:
pate: