



GARFIELD COUNTY HOUSING AUTHORITY
1430 RAILROAD AVENUE, UNIT F
RIFLE, CO 81650
(970) 625-3589 or (888) 627-3589
Fax (970) 625-0859 * TTY (800) 659-2656

PORTABILITY REQUEST FORM

PART I: COMPLETED BY FAMILY

Head of Household _____ SSN _____

Current Address _____

City/State _____ Zip Code _____ Phone _____

Initial Housing Agency _____ Phone _____

Residential Coordinator (Name) _____ Fax _____

Head of Household (Signature) _____ Date _____ Residential Coordinator (Signature) _____ Date _____

COMPLETE THE FOLLOWING INFORMATION ON THE DESIRED MOVE AREA

City _____ State _____

Name of Housing Authority _____

Name of Agency Contact _____ Phone _____

Anticipated Date of Move _____

PART II: PHA USE ONLY

Approved _____ Denied _____

Reason _____ Date _____

Receiving PHA _____ PHA Code _____

Address _____

City/State _____ Zip Code _____

PHA Contact _____

Phone _____ Fax _____

Comments: _____

Staff Signature _____ Date _____



Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

