

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 www.garfieldhousing.com

Portability Request Form

PART 1: COMPLETED BY FAMILY

Head of Household:		
Current Address:		
City/State:		_
Zip Code:		
Phone:		
Phone: Initial Housing Authority: Garfield	d County Housing Authority	
COMPLETE THE FOLLOWIN	G INFORMATION ON THE DESIRED	MOVE AREA
City:		
Name of Housing Authority:		
Name of Agency Contact (If know	/n)	_
Anticipated Date of Move:		_
Authority's (GCHA) 30-Day writt my Landlord, GCHA will approve NOT pay any additional rent on m request and completed the portabil Head of Household Signature:	mplete and give my current landlord Garfiel en notice form and GCHA has received the or deny my Portability request and eligibility current unit once GCHA has approved my lity move out process for the receiving housing	notice back from ty. GCHA will portability ing agency.
PART 2: PHA USE ONLY		
Approved	Denied	
Reason for denial:		
Receiving FITA.		_
Receiving Pha Code:		•
Address:		_
City/State/Zip:		
rna Comaci.		_
Pnone:		_
гах:		_
Portability paperwork sent date:		_
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. This institution is an equal opportunity provider and employer.

