



The _____
Housing Authority
of the City of Aurora

2280 S. Xanadu Way • Aurora, CO 80014 • Main Number 720-251-2100 • TDD 303-341-7639 • Fax 303-597-0884

Housing Choice Voucher Portability Request

Part I. To be completed by family:

Date: _____

Head of Household Name: _____ Last 4 SS: _____

Current Address: _____ City: _____ State: _____

Telephone: _____ Telephone: _____

Email: _____

Portability to the following location:

Name of Housing Authority: _____

Address: _____ City: _____ State: _____

Signature of Head of Household: _____ Date: _____

Part II. Housing Authority use only:

Lease expiration: _____

Voucher dates: _____

Eligibility documents in file: _____

PHA contact person (*including title*): _____

Date paperwork was submitted: _____

Date participant voided port out with statement: _____

