



METROPOLITAN HOUSING ALLIANCE
Housing Choice Voucher Department, 1007 S. Arch St., Little Rock, AR 72201
Phone (501) 340-4821 FAX (501) 340-4708
portability@mhapha.org



PORTABILITY TRANSFER REQUEST

Head of Household: _____ SSN: _____

Current Address: _____ Phone #: _____

Please provide the following information on the new Housing Authority you wish to transfer to under your portability option.

Name of Housing Authority: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Email: _____

Phone Number: _____ Fax #: _____

Note: A minimum of ten (10) days is necessary to process your file and mail it to the receiving Housing Authority.

Tenant's Signature

Date

MHA Only:

Approved Disapproved

Date Faxed: _____

Date Mailed: _____

MHA Signature: _____ Date: _____