



JACKSON HOUSING AUTHORITY  
2747 LIVINGSTON ROAD JACKSON, MS 39213  
P.O. BOX 11327 JACKSON, MS 39283  
PHONE: 601-362-0885 FAX: 601-982-4733

## PORTABILITY REQUEST FORM

### To be completed by the family:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

**Complete the following information for the area you are requesting to move under the portability option.**

### Housing Authority Information

Name of Housing Authority (HA): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ Portability Officer Name: \_\_\_\_\_

\_\_\_\_\_  
**Head of Household Signature**

\_\_\_\_\_  
**Date**

For assistance in obtaining the name and address of the PHA you have requested to move please refer to the HUD website at: <http://www.hud.gov/offices/pih/pha/contacts/index.cfm> or contact Public and Indian (PIH) Information and Resource Center at (1-800-955-2232).

**By signing this form, you are granting the Housing Authority of the City of Jackson, Mississippi permission to release any information in your Section 8 file to the Receiving Housing Authority. This includes, but is not limited to, information related to your household composition and income.**