



Attn: STACY x26 / scarlson@lakemetrohousing.org

PORTABILITY REQUEST FORM

Date: _____

Participant Last 4 digits Social Security Number: xxx-xx-_____

Participant Name: _____

Address: _____

Telephone Number: _____

Port out Destination: _____

Port out Contact Information:

Housing Authority Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Desired Move Date: _____

**** Please attach a copy of your notice to vacate, signed by your current Landlord ****



189 First Street • Painesville, Ohio 44077
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www.lakehousing.org