



**HOUSING
AUTHORITY OF
BILLINGS**

2415 1ST AVENUE NORTH
BILLINGS, MONTANA 59101
406-245-6391
www.billingsha.org

**MONTANA RELAY: 711
FAX: 406-245-0387**

**REQUEST TO TRANSFER (PORT) VOUCHER OUT OF HOUSING
AUTHORITY OF BILLINGS JURISDICTION**

Date: ____ / ____ / ____

Full Name: _____

Last 4 of SSN: _____

Day Time Phone #: _____

Your current mailing address: _____

I am requesting my voucher be transferred to (please see your housing specialist if you need assistance):

Name of Housing Agency:

Address: _____

Contact Person: _____

Housing Authority Phone Number: _____

Housing Authority FAX Number: _____

I UNDERSTAND THAT: *Initial each statement.*

_____ I must contact the receiving Housing Authority and schedule and incoming portability orientation appointment AND attend that orientation.

_____ I must follow the receiving Housing Authority's policies and procedures.

_____ I should be prepared to provide the receiving Housing Authority copies of social security cards, birth certificates, photo identification (for all members 18 and over), income and asset verification.

Signature

Date

FOR OFFICE USE ONLY:

MT Housing/MDOC – submit request to MT Housing/MDOC

HAB: Approved Denied, reason for denial: _____

Copy of approval/denial sent to family on: _____ by _____