

**DEEP EAST TEXAS COUNCIL OF GOVERNMENTS  
REGIONAL HOUSING AUTHORITY**

210 Premier Drive  
Jasper, Texas 75951  
409/384-5704  
800/256-6848  
409/382-1572 – Fax  
[bdavenport@detcog.org](mailto:bdavenport@detcog.org)

**REQUEST FOR PORTABILITY**

**Complete this form in its entirety and mail or fax to our office.**

DATE: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

EMAIL ADDRESS: \_\_\_\_\_

**I REQUEST PORTABILITY ASSISTANCE TO MOVE TO THE  
FOLLOWING JURISDICTION:**

HOUSING AUTHORITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

EMAIL ADDRESS: \_\_\_\_\_

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

\_\_\_\_\_ Date

PHA Approval Section:

**NOTE:** This request still has to be approved. You will be notified once final approval has been given and the required paperwork has been sent to the requested housing authority. At any time approval may be restricted and/or terminated due to funding.