

DEEP EAST TEXAS COUNCIL OF GOVERNMENTS
REGIONAL HOUSING AUTHORITY

1405 Kurth Drive
Lufkin, Texas 75904
936/634-2247
800/256-6848
844/975-1212 – Fax
portability@detcog.gov

REQUEST FOR PORTABILITY

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

PLEASE PRINT CLEARLY!!

DATE: _____

FAMILY NAME: _____ SS# _____ - _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NO.: (_____) _____
Area Code

EMAIL ADDRESS: _____

I REQUEST PORTABILITY ASSISTANCE TO MOVE TO THE FOLLOWING JURISDICTION:

CITY & STATE YOU ARE REQUESTING TO MOVE TO: _____

HOUSING AUTHORITY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT NAME: _____

TELEPHONE NUMBER: (_____) _____
Area Code

FAX NUMBER: (_____) _____
Area Code

EMAIL ADDRESS: _____
(Preferred Method)

Signature: _____ (_____)
Head of Household Date

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