

Housing Authority of the City of Meriden

P.O. Box 911, 22 Church St

Meriden, CT 06451

Phone: 203-235-0157 Fax: 203-237-8966

PORTABILITY REQUEST FORM

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Full Name (Head of Household): _____

Address: _____

Phone # _____ Email _____

I am requesting that my voucher be transferred to the following agency

Name of the Housing Authority: _____

Address: _____

Contact Name: _____

Fax: _____ Email: _____

This request will not be processed if you:

- a. Have an outstanding balance with the MHA/or your current landlord.
- b. Have not given a thirty (30) day Notice to Vacate to your current landlord.
- c. Have not signed a new voucher with the MHA.

Signature: _____ Date: _____