

FAMILY REQUEST FOR PORTABILITY
TO BE COMPLETED BY HEAD OF HOUSEHOULD

Date: _____

To Elm City Communities:

This is a request to move out of the New Haven area.

Name Head of Household: _____

Social Security Number:XXX-XX- _____

Current Address: _____

Contact phone Number: _____

Email Address _____

Name of Housing Authority where I want to move: _____

Name of Housing Authority Contact Person: _____

Telephone Number: _____

Email: _____

Note: I understand my request for portability will not be processed if:

1. I have outstanding claims against you.
2. I have past due restitution.
3. I have not given my current landlord Notice of my intent to vacate
4. This packet is incomplete.

Name of Person ECC may contact in Case of Emergency:

Telephone Number of Contact Person: _____

Signature of Head of Household