



HOUSING AUTHORITY OF SKAGIT COUNTY

This institution is an equal opportunity provider and employer.

VOLUNTARY PORTABILITY

I, _____, request that the Housing Authority of Skagit County transfer my Section 8 Housing Voucher to

Name of Housing Authority/Name of Person to be contacted

Address

Phone Number of Housing Authority

Fax Number / Email

I understand that the initial Housing Authority, Housing Authority of Skagit County will limit my ability to move to other public housing authorities to - one move in a twelve-month period.

I understand that by signing this statement, I will adhere to its content.

Signature

Date

Phone Number



ELDERLY & FAMILY HOUSING

LOW-INCOME WEATHERIZATION



1650 Port Drive, Burlington, Washington 98233 ♦ (360) 428-1959 ♦ FAX: 1-888-346-4217