



Housing and Community Development
Assisted Housing Program
350 W. 6th Street, Suite 312
Dubuque, IA 52001
Office (563) 589-4230

PORATABILITY REQUEST

Date: _____

Name (Print): _____

Current Address: _____

Telephone Number: _____

Email: _____

Date by which you would like to move: _____

Please remember to give your landlord proper written notice with a copy to us. Failure to do so could jeopardize your ability to transfer.

Complete each line below for your port request to be processed. Failure to do so may result in your port to not be sent in a timely manner. Additionally, please sign #6 on the attached voucher.

Name of Housing Authority: _____

Contact Person, if known: _____

Address: _____

City/State: _____

Telephone Number: _____

Email: _____

Signature: _____

WE ARE REQUIRED TO VERIFY WHETHER THE HOUSING AUTHORITY IS BILLING OR ABSORBING. WE HAVE TWO WEEKS FROM THE DATE OF RECEIPT TO PROCESS YOUR REQUEST. YOU WILL BE SENT A LETTER LETTING YOU KNOW YOUR PORTABILITY INFORMATION HAS BEEN SENT TO YOUR REQUESTED HOUSING AUTHORITY OR A LETTER WHICH DENYS YOUR REQUEST.