



Housing Authority of Thurston County
1206 12th Avenue SE . Olympia, WA. 98501
Tel: (360) 753-8292 Fax: (360) 586-0038
www.hatc.org

REQUEST FOR PORTABILITY

I, _____ Request Portability to:
Printed name of Head of Household

Receiving Housing Authority Name: _____

Receiving Housing Authority Address: _____

Receiving Housing Authority City, State, Zip: _____

Receiving Housing Authority Phone number: _____

Receiving Housing Authority Fax number: _____

Effective _____
Requested Date of Portability

If I am currently being assisted in Thurston County, I have given both my landlord and the Housing Authority of Thurston County a copy of my written 30-day notice.

I understand that I will need to contact the new Housing Authority and follow their procedures to lease in the new jurisdiction.

Signature of Head of Household and Date

Forwarding Address: _____ Phone number: _____

City, State, Zip: _____ E-mail address: _____

For the Receiving HA:

Please sign below, to indicate if your HA will/will not absorb this family. Please return this form, by FAX to 360-586-0038 as promptly as possible.

- ☐ This HA will absorb the referenced family upon receipt of the HUD-52665 and related documents.
☐ This HA will not absorb the referenced family upon receipt of the HUD-52665 and related documents.

Please indicate Receiving Housing Authority Payment Standards:

Studio: _____ One Bedroom: _____ Two Bedroom: _____

Three Bedroom: _____ Four Bedroom: _____ Five Bedroom: _____

Signature of HA Representative

Title of HA Representative

Date

Contact Phone: _____