



**Community Assistance**

**Portability Request**

Applicant / Participant Portability Request

I, \_\_\_\_\_ hereby request that the County of Volusia Section 8 transfer my voucher to the following Public Housing Agency.

Public Housing Agency's Name: \_\_\_\_\_

Public Housing Agency's Address: \_\_\_\_\_

Public Housing Agency's City/State/Zip: \_\_\_\_\_

Public Housing Agency's Telephone Number: \_\_\_\_\_

Public Housing Agency's Fax Number: \_\_\_\_\_

Contact Person (Name and Title): \_\_\_\_\_

I have not committed a lease violation and do not have an outstanding debt with the County of Volusia. I am aware of the expiration date of my voucher.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

110 West Rich Avenue  
DeLand, FL. 32120-4210  
(386) 736-5955 (West Volusia)  
(386) 254-4648 (Daytona Beach)  
(386) 423-3375 (New Smyrna Beach)