



COMMUNITY ASSISTANCE
HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

110 W Rich Avenue • Deland, FL 32720-4615
(386) 736-5955 • 254-4648 • 423-3375 • Fax 740-5112
www.volusia.org

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