

# TEXOMA COUNCIL OF GOVERNMENTS

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

1117 GALLAGHER DRIVE, SUITE 210

SHERMAN, TX 75090

903-893-2161

## REQUEST FOR PORTABILITY

Date: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Complete the following information for the area you are interested in for your portability.**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

I will be moving out of my current address effective: \_\_\_\_\_

**You must provide a copy of your notice to vacate that is given to the landlord.**

Client signature: \_\_\_\_\_

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### TCOG Use Only

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

Date info sent: \_\_\_\_\_ Staff Signature: \_\_\_\_\_