



Stevie Craig • Executive Director

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Housing Families in Bladen County Since 1981

BladenHousing.org   

REQUEST FOR PORTABILITY

A Bladenboro Housing Authority voucher holder wishes to port to your housing authority. Please complete this form as soon as possible and return it by e-mail btatum@bladenhousing.org or fax 910 863-3000. Should there be any questions, please contact our office at (910)863-4919.

Applicant

Applicant/Participant Name: _____

Address: _____

Telephone: _____

Voucher Holder's Signature: _____

Requesting Port to: _____

Section 8 Manager

Voucher Size: _____ BHA Payment Standard _____

Participant or Applicant? _____ Applicant Income _____

BHA Certifying Staff: _____ Date: _____

Entered waiting list _____ Email btatum@bladenhousing.org

RECEIVING PHA INFORMATION:

Receiving PHA check one and complete your information below:

____ Yes, we will absorb.

____ No, we will not absorb:

Our payment standard for a _____ bedroom voucher holder is: \$ _____.

Housing Authority Name: _____

Address: _____

Certifying Staff Name: _____

Staff Signature: _____

Telephone: _____ Date: _____

E-mail : _____