



HACC Serving The Cook County suburbs since 1946

PORT OUT REQUEST FORM

Date of Request: _____

To: Housing Authority of the County of Cook

From: _____ (Client's Name)

_____ (Client's Number)

Street Address: _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Re: **Port Request**

I would like to request that my voucher to be sent to the following Housing Authority.

Housing Authority's Name/Address:

Housing Authority's Telephone Number:

SIGNATURE OF HEAD OF HOUSEHOLD

DATE