



PORTABILITY PROCESS CANCELLATION

Date: _____

To: THE HOUSING AUTHORITY OF COOK COUNTY
175 W JACKSON BLVD SUITE 350
CHICAGO, IL 60604

FAX: 312-237-4272
Portability@thehacc.org

Attn: _____

I, _____, am requesting that my portability process into The Housing Authority of Cook County be cancelled. I am requesting that my paperwork be returned to _____.

I understand once this has been submitted to The Housing Authority of Cook County, my documents will be returned within 2 business days.

Signature _____ Date _____

Receiving Housing Authority:

Date Documents submitted to IPHA: _____

If applicable did you place hold on client's account:

- Yes: Date: _____
- No