



Housing Authority of Cook County
175 W. Jackson Blvd, Suite 350
Chicago, IL 60604
312-663-5447
www.thehacc.org

Port Out Request Form

Date of Request:

Client Name:

Client Number:

Street Address, Apt Number:

City, State, Zip Code:

Telephone:

Email:

Public Housing Agency Information

Name of Housing Authority	
Street Address	
City, State, Zip Code	
Telephone	
Fax	
Name of Contact Person	
Email	

I understand that by signing this form, I am requesting that my voucher be transferred to above listed Public Housing Agency.

Head of Household Signature:

Date: