



HOUSING AUTHORITY OF BREVARD COUNTY
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
1401 Guava Avenue, Melbourne, FL 32935
Phone (321) 775-1592 * Fax (321) 775-1549
<http://www.habc.us>

CHIEF
EXECUTIVE
OFFICER

Michael L. Bean

Date: _____

REQUEST FOR PORTABILITY

Name _____ SS# _____

Address _____

City/State _____ Zip Code _____

Telephone Number: Cell/Home _____ Work _____

Email Address _____

Are you an FSS Participant? _____ Yes _____ No (check Y/N)

HOUSING AUTHORITY YOU WOULD LIKE TO TRANSFER TO:

Housing Authority Name _____

Mailing Address: _____ City/State _____

County _____

Contact Person's Name _____

Telephone & Extension _____ Fax _____

Email Address _____

**You will be contacted by the Port Office once a determination
has been made to APPROVE or DENY your Request.**