



**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# \_\_\_\_\_

Forwarding 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 \_\_\_\_\_

Housing Authority preferred method of delivery Fax \_\_\_\_\_ Email \_\_\_\_\_ Regular Mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Telephone & Extension \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_