



**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 \_\_\_\_\_