



**HOUSING AUTHORITY OF BREVARD COUNTY**

**COMMISSIONERS**  
Jon Turla, Chair  
Brian Nemeroff, Vice Chair  
Martin Hindsley  
Phyllis M. Principe  
**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.**