



*Franklin Redevelopment and Housing Authority*

**FRHA Administration Office**  
**1343 Armory Drive, Franklin, VA 23851**  
**(757) 562-0384 FAX (757) 571-0086**

## **REQUEST FOR PORTABILITY**

### **Applicant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

I am requesting portability for HCV (Section 8) voucher to the city of

\_\_\_\_\_

Point of Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature/Date