



HOUSING AUTHORITY
of JACKSON COUNTY

2251 Table Rock Road | Medford, OR 97501

P 541- 779-5785 | F 541-857-1118

www.hajc.net

PORTABILITY REQUEST

Name of Head of Household: _____

Current Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Date of move: _____

Forwarding Address: _____

City, State, Zip: _____

New Housing Authority Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact person: _____

Telephone number: _____

Email: _____

Fax number: _____

I understand that the Housing Authority of Jackson County will send my portability documentation to the Housing Authority mentioned above. By signing below, you authorize the transfer of your paperwork to the above listed Housing Authority. You will be subject to the processes of the new Housing Authority. You will need to contact the above listed Housing Authority when you arrive to utilize your voucher.

Name of Head of Household (Print)

Date

Signature of Head of Household

Caseworker