



THE TOPEKA HOUSING AUTHORITY

2010 SE California Ave. ■ Topeka, KS 66607
Phone: 785-357-8842 ■ Fax: 785-357-2648 ■ www.tha.gov

Portability Request Form

First Name: _____ Last Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Email Address: _____

Signature: _____ Date: _____

Name of Housing Authority: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Contact Name: _____

Email Address: _____

Please note: There is a possibility that your port request will be denied if you wish to move to a higher cost area.

**** STOP ** For THA use only:**

Name of Receiving HA contact: _____

Receiving HA will: () Absorb () Billing () Denied () Approved

Voucher Payment Standard: \$ _____ Bedroom Size: _____

Signature of VP, Rental Assistance Program: _____ Date: _____