



Plymouth Housing Commission

1160 Sheridan
Plymouth, Michigan 48170
(734)455-3670
FAX (734)455-2429

FAMILY REQUEST FOR PORTABILITY

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Name (print) _____

Current Address: _____

City/State/Zip: _____

Phone # _____ Cell # _____

Date you intend to vacate current unit: _____

Are you current on your: Rent _____ Water Bill _____

HOUSING INFORMATION YOU WILL BE PORTING TO

Name of Housing Authority/Commission: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Name: _____

Is the Housing Authority/Commission billing or absorbing? If billing, please indicate the billing amount \$ _____.

Return completed form to: Plymouth Housing Commission
1160 Sheridan
Plymouth, MI 48170

Signature: _____ Date: _____