



MENARD COUNTY
HOUSING AUTHORITY

Housing Choice Voucher Program

117 N 7th St
Petersburg, Illinois 62675
Telephone: (217) 632-7723 - Fax: (217) 632-7511
TTY- 711

PORTABILITY REQUEST

I, _____ request portability to
(Head of Household Name)

_____. Please send my portability
(Name of Housing Authority)

packet on _____.
(Date)

Contact Person at Housing Authority you wish to port to: _____

Phone Number of Housing Authority: _____

Address of Housing Authority: _____

FAX Number of Housing Authority: _____

By signing below, you certify that you have notified your landlord of your intent to move and are in good standing. You also agree to notify Andee Dixon at the contact info below when you return possession of the unit.

Head of Household Signature

Date

Head of Household Phone Number

FAX TO 217-632-7511 or e-mail to adixon@menardcha.org or mail to 117 N 7th St, Petersburg, IL 62675 or text a picture to 217-610-8135. Contact Andee Dixon, HCV Manager at 217-610-8135 with questions.