



**The Housing Authority of Gloucester County  
Tenant Processing Center  
100 Pop Moylan Boulevard  
Deptford, NJ 08096  
Phone:(856) 853-1190 Fax:(856) 251-6671**

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**PORTABILITY DEPARTMENT**

**DATE: June 9, 2025**

**TO:**

**FROM:**

**RE:**

To whom it may concern:

This letter is to inform you that one of our Housing Choice Voucher Holders would like to exercise their right to utilize portability and transfer their housing choice voucher to your jurisdiction. Please complete and return this document to our office as soon as possible.

Please indicate if your Housing Authority will be absorbing or billing?

\_\_\_\_\_ Absorbing          \_\_\_\_\_ Billing

Please list the amount of your payment standards for the following bedroom Size:

1- \_\_\_\_\_ 2- \_\_\_\_\_ 3- \_\_\_\_\_ 4- \_\_\_\_\_ 5- \_\_\_\_\_ 6- \_\_\_\_\_

**Please provide the Voucher Size your agency will issue for a household size of \_\_\_\_\_ : \_\_\_\_\_**

**Please provide a copy of income limits when checked: \_\_\_\_\_**

Receiving Housing Authority Contact Information:

\_\_\_\_\_  
PHA Code:

\_\_\_\_\_  
Federal Tax ID

\_\_\_\_\_  
Name of PHA

\_\_\_\_\_  
Portability Contact Name

\_\_\_\_\_  
Portability Contact Email Address

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

[www.hagc.org](http://www.hagc.org)

