Housing Authority of the Borough of Glassboro
Tenant Processing Center
100 Pop Moylan Boulevard
Deptford, NJ 08096
Phone:(856) 853-1190 Fax:(856) 251-6671

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