



THE HOUSING AND REDEVELOPMENT AUTHORITY OF OWATONNA

REQUESTING TO PORT FROM STEELE COUNTY

Part 1. To be completed by Head of Household

HEAD OF HOUSEHOLD NAME (PRINT): _____

CURRENT ADDRESS: _____
Street City State Zip Code

DATE OF BIRTH: _____ TELEPHONE: _____
Home Cell

HEAD OF HOUSEHOLD SOCIAL SECURITY #: _____

I request to transfer my voucher to the NEW Housing Authority

NAME OF NEW HOUSING AUTHORITY: _____

ADDRESS: _____
Street City State Zip code

NAME OF PERSON TO CONTACT: _____ PHONE # _____

CONTACT EMAIL ADDRESS: _____ FAX # _____

HEAD OF HOUSEHOLD MUST SIGN: _____ **Date:** _____

Date requesting to move to your NEW Housing Authority? _____

ALLOW 7-14 BUSINESS DAYS FOR PROCESSING

Part 2: To be completed by the Owatonna HRA

Date NTV received: _____ Date Port appointment: _____

Voucher size _____ (bedroom size)

Completed & sent by: _____ Date: _____

