

BUTLER METROPOLITAN HOUSING AUTHORITY

4110 HAMILTON-MIDDLETOWN ROAD HAMILTON, OH 45011

TEL: 513-896-4411 FAX: 513-737-8522

PORTABILITY/TRANSFER REQUEST

Date of Request _____

Name of Head of Household _____

Current Address _____

Current Phone Number _____

Email _____

I, _____ have given a written 30 day notice to my BMHA Housing Coordinator. I am requesting that my file be sent to the following agency:

Name of Agency _____

Attention _____

Address _____

Phone _____ Fax _____

Email _____

NOTE: If you ported into Butler County, did not sign a contract, and now wish to port to another agency, we must return the file to your original agency. They will be responsible for sending your file to the new agency.

Head of Household

Date signed