

**Cecil County Housing Agency  
200 Chesapeake Blvd, Suite 1800,  
Elkton, MD. 21921  
410-996-5245 fax: 410-996-5256**

I \_\_\_\_\_, whose Social Security number is \_\_\_\_\_  
Head of Household

requesting portability to \_\_\_\_\_  
Receiving Housing Authority

Voucher # \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

The named family consists of the following members:

Adults: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Children: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Income earned: Annually \$ \_\_\_\_\_ Pensions: Monthly \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_ Weekly, Bi-Weekly, Monthly: SSI: Monthly \$ \_\_\_\_\_

Please Sign below, to indicate if you **Will / Will Not** absorb this family. Please return this form by fax to 410-996-5256.

\_\_\_\_\_ This HA will absorb the above referenced family upon receipt of the HUD-52665 and related documents

\_\_\_\_\_ This HA will not absorb the above referenced family.

**Payment Standard:** 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3 Bedroom \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Address: \_\_\_\_\_

HA Code: \_\_\_\_\_

Tax ID: \_\_\_\_\_