



PORTABILITY REQUEST

Housing Choice Voucher Program

Submit this form if you are holding a current, valid voucher, and you wish to relocate to another jurisdiction.

Family Information

New Applicant

Current Participant

Name: _____

Address: _____

Phone: _____

Reason(s) for request: _____

Have you already informed HRHA that you wish to move? No Yes

If yes, what is the expiration date on your voucher? _____

Are you in a current lease? No Yes

If yes, when will your lease end? _____

Receiving Housing Agency (if known) or Destination (City/Area, State)

PHA Name or Destination: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Contact Person: _____

I am requesting portability to the above Housing Agency. I understand that:

- HRHA must first determine sufficient program funding to support portability
- HRHA will review my eligibility for portability:
 - ✓ New applicants: Must live in the HRHA jurisdiction at the time of application, and be income eligible in the requested jurisdiction
 - ✓ Current participants: Lease termination must be allowable (mutual agreement; proper notice if tenant-initiated; not related to lease violations if owner-initiated), must not owe money to HRHA, must not have violated any family obligations
- MTW Participants: I understand that my rent will be calculated based on income in the receiving jurisdiction. If I port back to HRHA, I will only receive assistance for the remainder of my MTW term.

Printed Name

Signature

Date

FOR HRHA OFFICE USE ONLY

Date

Initials

Eligible? Y/N

Details