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? _____

Do you currently owe an outstanding balance (repayment) to HRHA? ☐ No ☐ Yes

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

Printed Name	Signature	Date

FOR HRHA OFFICE USE ONLY

Date	Initials	Eligible? Y/N	Details