

B

Date

Voucher BR

HH Size

Initials

Eligible? Y/N

Details

## **PORTABILITY REQUEST**

HOUSING CHOICE VOUCHER PROGRAM

## Submit only if you have a current, valid voucher and wish to relocate to another jurisdiction

New vouchers must live in HRHA jurisdiction at time of application & be income eligible in requested jurisdiction.

<u>Current participants</u> must not owe HRHA money or have violated any family obligations, and must be in good standing with current landlord - lease termination must be by mutual agreement; with proper notice if tenant-initiated; or, if owner-initiated, not related to lease violations. HRHA will verify notice & status with the landlord.

Name			Last 4 SSN
Address		City, State ZIP	
Email		Phone	
status	_		
Current Participant (LEASE END		New Voucher (EXPIRATION DATE	):
re there any income or household compos			
	BE PROCESSED BEFORE YOU CAN BE	APPROVED TO PORT; SUBMIT CHAN	IGE FORM
re you in the Family Self Sufficiency (FSS			
	CONTRACT YES, CONTINUE/TR.		
o you owe an outstanding balance (repay		ment agreement in process?	
NO YES, amount owed:			
Vhen do you anticipate starting your new le	ease in the other jurisdiction?		
Receiving Housing Authority (if known) or D	Destination (City/Area, State)		
Mailing Address		City, State ZIP	
Email		Fax	
Contact Name		Phone	
<ul> <li>Household changes may de</li> <li>I am prohibited by progran subsidy for the same or a d</li> <li>If I start a new housing contrent plus any related utilitie</li> </ul>	sufficient program funding to selay my port n regulations from receiving ho ifferent unit under any other ho tract prior to reported lease-end s & charges, at my current resides	ousing assistance while rece using assistance program date listed, I will be responsil dence for any period of overla	iving another housi ble for the full contra
<ul> <li>HRHA must first determine</li> <li>Household changes may de</li> <li>I am prohibited by program subsidy for the same or a d</li> <li>If I start a new housing contrent plus any related utilitie</li> </ul>	sufficient program funding to selay my port n regulations from receiving ho ifferent unit under any other ho tract prior to reported lease-end s & charges, at my current resign not reporting changes in lease	ousing assistance while rece using assistance program date listed, I will be responsi dence for any period of overla end date, may result in cance	iving another housing the for the full contrains the full contrains the full contrains the full contrains the full the full cont
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HRHA must first determine     Household changes may de     I am prohibited by program subsidy for the same or a d     If I start a new housing common rent plus any related utilitie     Failure to comply, including  I CERTIFY THAT ALL INFORMAT  Printed Name  Title 18, Section 1001 of U.S. Cod.	sufficient program funding to selay my port in regulations from receiving ho ifferent unit under any other ho tract prior to reported lease-end is & charges, at my current resignot reporting changes in lease	ousing assistance while rece using assistance program date listed, I will be responsible dence for any period of overla end date, may result in cance CORRECT TO THE BEST OF IN	iving another housing ble for the full contrains ble for the full contrains blatton of my vouched by KNOWLEDGE.