



Huntsville Housing Authority – Portability Request Form

200 Washington Street, P.O. Box 486
 Huntsville, AL 35804-0486
 (256) 539-0774 Fax: (256) 539-5982

Date: _____

AM I ELIGIBLE TO MOVE INTO A UNIT IN A DIFFERENT HOUSING AUTHORITY?

In order to move into a unit within the jurisdiction of a different housing authority (port out) you must meet at least one of the following criteria.

1. The head of your household or spouse had legal residence in the jurisdiction of your current housing authority at the time your family placed your name on the waiting list for the Section 8 Housing Choice Voucher Program.
2. You have been receiving housing assistance in the jurisdiction of your current housing authority for at least one year.

Head of Household:	Social Security Number:	Are you currently a participant on the Family Self-Sufficiency Program: <input type="checkbox"/> YES <input type="checkbox"/> NO
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WHERE YOU LIVE NOW

Address: _____ _____ City State Zip	Home Phone: _____ Work Phone: _____ Date I would like to move: _____
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WHERE YOU WANT TO MOVE

State:	County:	City:
Name and Address of Public Housing Authority: _____ _____		
PHA Telephone Number	PHA Fax Number:	Portability Officer Name:

For assistance in obtaining the name and address of the PHA where you want to move refer to HUD's:

1. Public and Indian (PIH) Information and Resource Center (1-800-955-2232). The Center answers inquiries regarding HCV Programs. Menu options are available in English and Spanish. The operator that answers the call will provide the name/address/contact person/telephone number for any PHA; or
2. Website: <http://www.hud.gov/offices/pih/pha/contacts/index.cfm>. This site gives clear instructions, and is very simple to use.

Head of Household Signature

Date

HCV Specialist Signature
 I have attached participants' 30-day notice and certify participant is in good standing and eligible to relocate.

Date



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PORTABILITY USE ONLY

Head of Household:

Social Security Number:

Voucher Size:

Voucher Expiration Date:

Lease/Contract Termination Date:

- Receiving PHA will absorb
- Receiving PHA will bill
- If billing, payment standard for applicable bedroom size _____
- Receiving PHA has an active FSS program

Date of Approval: _____

Date of Denial: _____

Date paperwork sent to receiving housing authority: _____

Portability Specialist Signature/Date: _____