



HOUSING CHOICE VOUCHER PORTABILITY REQUEST

PART I. REQUEST TO PORT OUT – TO BE COMPLETED BY THE HEAD OF HOUSEHOLD	
Name: _____	Date: _____
Last 4 of SSN: _____	Email address: _____
Home phone: _____	Work phone: _____
Unit address: _____	
City: _____	State: _____ Zip code: _____
I request portability assistance to move to the following jurisdiction:	
Name of receiving PHA: _____	
Contact person: _____	Phone: _____
Fax: _____	Email address: _____
PHA Address: _____	
City: _____	State: _____ Zip code: _____
_____	_____
Head of Household Signature	Date

FOR SAHA USE ONLY

PART II. HOUSING CHOICE VOUCHER PORTABILITY REQUEST	
Voucher expiration date: _____	Lease/contract expiration date: _____
Completion Checklist:	
<input type="checkbox"/> EIV	<input type="checkbox"/> Entity Alert cleared
<input type="checkbox"/> 50058	<input type="checkbox"/> Copy of voucher
<input type="checkbox"/> Notice of Family Rental History	<input type="checkbox"/> Verification of income
<input type="checkbox"/> All permanent documents for all household members	HAS Initials: _____
PART III. PORTABILITY SPECIALIST'S LOG	
Date of contact with receiving PHA: _____	
Name of contact: _____	
Title of contact: _____	
Receiving PHA: _____	
PHA address: _____	
Fax: _____	
Date portability papers were transmitted: _____	
Date participant voided port-out with written statement (when applicable): _____	

