



## HOUSING CHOICE VOUCHER PORTABILITY REQUEST

**NOTE:** A completed *Request To Move*; AHP-5242 form must be attached.

<b>Part I. REQUEST TO PORT OUT - TO BE COMPLETED BY THE HEAD OF HOUSEHOLD</b>	
Name: _____	Date: _____
SSN: _____ Email Address: _____	
Home Phone: _____ Work Phone: _____	
Unit Address: _____	
City: _____ State: _____ Zip Code: _____	
<b>I request portability assistance to move to the following PHA jurisdiction:</b>	
<i>Please ensure information is filled out completely and accurately.</i>	
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**

<b>PART II. HOUSING CHOICE VOUCHER PORTABILITY REQUEST</b>
Voucher expiration date: _____ Lease/contract expiration date: _____
<b>Completion Checklist:</b>
<input type="checkbox"/> EIV <span style="margin-left: 200px;"><input type="checkbox"/> Entity Alert cleared</span>
<input type="checkbox"/> 50058 <span style="margin-left: 200px;"><input type="checkbox"/> Copy of voucher</span>
<input type="checkbox"/> Notice of Family Rental History <span style="margin-left: 200px;"><input type="checkbox"/> Verification of income</span>
<input type="checkbox"/> All permanent documents for all household members <span style="float: right; margin-right: 50px;">HAS Initials: _____</span>
<b>PART III. PORTABILITY SPECIALIST'S LOG</b>
Receiving PHA: _____ Date of contact _____
Name of contact: _____
Date portability papers were transmitted: _____

### What are the next steps?

1. You will be contacted by SAHA within ten (10) business days to inform you of whether your request was approved or denied.
2. If approved, your portability packet will be sent to the receiving PHA 30 days before your lease ends. The receiving PHA will be in contact with you to guide you through the rest of the porting process

