



HOUSING CHOICE VOUCHER PORTABILITY REQUEST

Part I. REQUEST TO PORT OUT - TO BE COMPLETED BY THE HEAD OF HOUSEHOLD

Name: _____ Date: _____

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 checked="" type="checkbox"/> EIV | <input type="checkbox"/> Entity Alert cleared |
| <input checked="" type="checkbox"/> 50058 | <input type="checkbox"/> Copy of voucher |
| <input checked="" type="checkbox"/> Notice of Family Rental History | <input type="checkbox"/> Verification of income |
| <input checked="" type="checkbox"/> All permanent documents for all household members | HAS Initials: _____ |

PART III. PORTABILITY SPECIALIST'S LOG

Date of contract with receiving PHA: _____

Name of contact: _____

Title of contract: _____

Receiving PHA: _____

PHA Address: _____

Fax: _____

Date portability papers were transmitted: _____

Date participant voided port-out with written statement (when applicable): _____



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: **Michaëlle Finch, 818 S. Flores, San Antonio, Texas 78204.**

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