
Portability Request Form

Part 1. To Be Completed By S8 Participant:

Name _____ S.S. # _____

Phone # _____ Cell # _____

I request to exercise the portability of my Voucher to the following location:

Housing Authority _____

PHA Rep. Attn: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Date I will be vacating current unit: _____

Approximate date of transfer: _____

I understand that I will be responsible for any: Birth Certificates/Social Security cards/Income verifications/ Medical statements.

Signature of Head of Household

Date

Part 2. To Be Completed By PHA:

Annual Re-certification Date: _____

Comments: _____

Portability Information: Form HUD-52655, copy of Voucher, current HUD 50058, income verification and supporting household verification.

The S8 Participants has provided our office BHP with a 30-day notice to vacate or mutual rescission of lease effective date: _____.

Section 8 Occupancy Specialist _____ Date _____