



**FAMILY REQUEST FOR OUT-OF STATE PORTABILITY
Housing Choice Voucher Program Only**

This form *must* be submitted to the Division of Housing (Contract Manager) a minimum of **60** days before anticipated move date with the following documents:

- 30-Day Notice and/or Mutual Rescission of Lease
- Voucher
- Income Verifications (including EIV)

Please Note: Requests for portability to higher cost areas where the receiving PHA is not absorbing voucher will be denied, with the exception of VAWA requests.

PART I: ASSISTED FAMILY INFORMATION (completed by participant)

Head of Household _____ SSN _____
Current Address _____
City/State _____ Zip Code _____ Phone _____
Housing Agency _____ Phone _____
Residential Coordinator (Name) _____ Fax _____

**PART II: COMPLETE THE FOLLOWING INFORMATION ON THE DESIRED MOVE AREA
(completed by participant) * *Required***

*City/County _____ *State _____
Name of Housing Authority (if known) _____
Name of Agency Contact (if known) _____ Phone _____
*Anticipated Date of Move _____

Head of Household (Signature) Date Residential Coordinator (Signature) Date

PART III: PHA USE ONLY **Approved _____ Denied _____**

Reason (for denial, if applicable) _____
Receiving PHA _____ PHA Code _____
Address _____
City/State _____ Zip Code _____
PHA Contact (if known) _____
PHA Phone _____ PHA Fax _____
PHA E-Mail _____
Comments: _____

DOH Staff Signature _____ Date _____

