

Housing Choice Voucher Portability Request

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

Part I. Request To Port Out - To Be Completed By The Head Of Household

Name	SSN	Date
Home Phone	Work Phone	
Email Address		
Unit Address		
City	State	Zip Code

I request portability assistance to move to the following PHA jurisdiction:

Please ensure information is filled out completely and accurately.

Name of receiving PHA		
Contact Person		
Email Address		
Phone	Fax	
PHA Address		
City	State	Zip Code

Head of Household Signature

Date

For Opportunity Home 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"/> 50058 <input type="checkbox"/> Notice of Family Rental History <input type="checkbox"/> All Permanent Documents For All Household Members	<input type="checkbox"/> Entity Alert Cleared <input type="checkbox"/> Copy Of Voucher <input type="checkbox"/> Verification Of Income	HAS Initials

Part III. Portability Specialist's Log

Receiving PHA	
Date of Contact	
Name of Contact	
Date Portability Papers Were Transmitted	
What Are The Next Steps?	
1	Opportunity Home will contact you within 10 business days to inform you 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 contact you to guide you through the rest of the porting.

Solicitud de Portabilidad de Vales de Elección de Vivienda

NOTA: Un formulario completo *Request To Move*; AHP-5242 se debe adjuntar el formulario.

Parte I. Solicitud De Portabilidad: Debe Ser Completada Por el Jefe de Familia

Nombre	SSN	Fecha
Teléfono de Casa	Teléfono del trabajo	
Dirección de Correo Electrónico		
Dirección de la Unidad		
Ciudad	Estado	Código Postal

Solicito asistencia de portabilidad para mudarme a la siguiente jurisdicción (Autoridad de Vivienda Pública):

Asegúrese de completar la información completa y precisa.

Nombre del Receptor (Autoridad de Vivienda Pública)		
Persona de Contacto		
Dirección de Correo Electrónico		
Teléfono	Fax	
Dirección de Autoridad de Vivienda Pública		
Ciudad	Estado	Código Postal

Firma del Jefe de Familia

Fecha

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Voucher Expiration Date	Lease/Contract Expiration Date
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HAS Initials	

Part III. Portability Specialist's Log

Receiving PHA

Date of Contact

Name of Contact

Date Portability Papers Were Transmitted

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