OPPORTUNITY HOME SAN ANTONIO

A COMMUNITY OF POSSIBILITIES

Housing Choice Voucher Portability Request

ATTENTION: portability@homesa.org

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**

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Part II. Housing Choice Voucher Portability Request

Voucher Expiration Date	**Lease/Contract Expiration Date**

Completion Checklist

☐ EIV ☐ 50058 ☐ All Permanent Documents For All Household Members	☐ Entity Alert Cleared ☐ Copy Of Voucher ☐ 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.

Opportunity Home's 504 Coordinator has been designated to coordinate compliance with the nondiscrimination requirement in HUD's regulations: accommodations@homesa.org, 818 S. Flores, San Antonio, Texas 78204.

homesa.org | 210.477.6000

OPPORTUNITY HOME SAN ANTONIO

A COMMUNITY OF POSSIBILITIES

Solicitud de Portabilidad de Vales de Elección de Vivienda

ATTENTION: portability@homesa.org

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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