

## PORTABILITY TRANSFER REQUEST

Under the Housing Choice Voucher Program, families can move their assistance from one unit to another unit under certain conditions. "Portability" means moving from one housing authority's jurisdiction into another housing authority's jurisdiction. In order for your portability transfer request to be processed, the following must occur:

**Proper notice to vacate has been given to your landlord.** You are required to provide proper notice to your landlord according to your lease term. If you do not give proper notice to your landlord, you may be terminated from the Housing Choice Voucher Program for an unauthorized move. Please remember that you are also required to immediately provide the Housing Authority of Fulton County with a copy of your notice to vacate or any notice given to you by your landlord.

**The first term of the lease has been satisfied.** You must have lived in your current assisted unit for the first term of the lease. However, if both you and your landlord voluntarily agree to terminate your lease before the end of a lease term, you may be able to transfer before the term ends.

**All money owed to the Housing Authority has been paid in full.** All past due amounts must be paid in full before a transfer can be processed.

**TO BE COMPLETED BY PARTICIPANT**

Tenant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Telephone Numbers: Home \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Under the portability feature of the Housing Choice Voucher Program I request a portability transfer to the Housing Authority below.

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Portability Transfer Reminders**

1. Once approved your portability package will be sent promptly to the request PHA.
2. You may contact the requested PHA to find out processing times and procedures.
3. Once processed the requested PHA will schedule you an appointment and briefing time to issue you your new voucher.
4. Once you have been ported you will be assigned a new housing advisor at the new PHA.

**Cancellation Policy:** If you decide to cancel your portability transfer request, please notify your assigned case manager within seven (7) days of this notice. Failure to do so may result in you being responsible for the full contract rent.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD \_\_\_\_\_  
DATE

**For HAFC Use Only**

Date Notice Received: \_\_\_\_\_ HAFC Representative Signature \_\_\_\_\_ Verification Date: \_\_\_\_\_