

REQUEST TO PORT OUT OF JURISDICTION

Name: _____

Phone Number: _____

Current Address: _____

Forwarding Address: _____

Estimated Date of Arrival: _____

I request that my Section 8 Voucher be ported to:

Name of Housing Authority: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

Are you an FSS Participant? Yes No (If yes, please notify the FSS Coordinator in writing that you are porting to another Housing Authority.)

I understand that once I port, my rental assistance will no longer be managed by Anniston Housing Authority. The Housing Authority in which I port to will manage my assistance, and I may be absorbed into the Section 8 program at that Housing Authority.

Anniston HA will no longer pay any rental assistance to my current landlord. I understand that I must turn my intent to vacate notice into my landlord in writing.

I further understand that my information will be sent to the Housing Authority listed above and I am to contact them for my appointment.

If I should decide not to port to the Housing Authority listed above, I must notify BOTH Anniston Housing and the other Housing Authority of this decision in writing. Once this notice is received by Anniston Housing Authority, my file will be returned to the Anniston HA HCV Program.

Signature: _____ Date: _____