Voucher #: _____
Landlord Name: _____

ANNISTON HOUSING AUTHORITY PORTABILITY REQUEST FORM

Am I Eligible to Move into a Unit in a Different Housing Authority?
In order to move into a unit within the jurisdiction of a different housing authority (Port-Out) you must meet at least one of the following criteria.

1. The head of household or spouse had legal residence in the jurisdiction of your current housing authority at the time your family placed your name on the waiting list for the HCV/Section 8 Voucher Program.
2. You have been receiving housing assistance in the jurisdiction of your current housing authority for at least one year.

Head of Household:	**SSN:**	**Are you currently a participant on the Family Self Sufficiency (FSS)Program?** ☐ Yes ☐ No

WHERE YOU LIVE NOW	
Address: _____ _____ **City** **ST** **Zip Code**	**Home Phone:** _____ **Work Phone:** _____ **Date I would like to move:** _____

WHERE YOU WANT TO MOVE		
State:	**County:**	**City:**
Name of Housing Authority:		
Address of Housing Authority:		
Portability Email:		
Housing Authority Phone Number:	**Housing Authority Fax Number:**	**Portability Contact Name**

For assistance in obtaining the name and address of the PHA where you want to move, refer to HUD's:

1. Public and Indian (PIH) Information and Resource Center (1-800-955-2232). The Center answers inquiries regarding HCV/Section 8 Programs. Menu options are available in English and Spanish. The operator that answers the call will provide the Name/Address/Contact Person/Telephone number for any Housing Authority/Public Housing; or
2. Website: http://www.hud.gov/offices/pih/pha/contacts/index.cfm. This site gives clear instructions, and is very simple to use.

Head of Household Signature:_____ **Date:** _____

HCV Staff Signature:_____ **Date:** _____

EQUAL HOUSING OPPORTUNITY

Voucher #: _____
Landlord Name: _____

I have attached participants' 30-day notice and certify participants is in good standing and eligible to relocate.

PORTABILITY USE ONLY		
Head of Household:		**SSN:**
90 Day Billing Date:	**Voucher Size:**	**Voucher Expiration Date:**

- ☐ Receiving PHA will Absorb
- ☐ Receiving PHA will Bill
- ☐ Receiving PHA has an active FSS program

Date of Approval: _____ **or Date of Denial:** _____

Date paperwork sent to receiving housing authority: _____ **Email:** _____

Portability Signature: _____ **Date:** _____