

## **Request to Exercise Portability**

Participant Name:	Client Number:
Current Address:	
Email:	Cell or home phone:
Date of Notice to Vacate:	_ Copy Attached? Yes No
·	lic Housing Agency (PHA). I have decided to move to:
Please send	d a copy of my records to the appropriate agency.
HACA will attempt to send your packet through em	nail to the appropriate Housing Authority.
If email option is not available I would like my inform	
Mailed to the NEW PHA	
Prepared for pick up. I take respons I understand the seal on the envelop	, , , , , , , , , , , , , , , , , , , ,
I understand this request may take up to 10 busines	s days to process.
Signature	Date
<u>Important</u>	Facts about Portability
you choose to transfer to a housing authority	will only be able to approve your request for portability if that will absorb your voucher or if moving to the new r behalf. If you have questions, please contact the Tenant
<ul> <li>There will likely be different payment standa</li> </ul>	cies and deadlines. Allow yourself enough time to transfer. rds at the new location.
<ul> <li>You may be issued a different size Housing Cl the NEW PHA's occupancy standards.</li> </ul>	hoice Voucher because the voucher size will be determined by
Return this form to: 22941 Atherton Street, Ha	yward, CA 94541 Attn: Portability
***** H <i>I</i>	ACA USE ONLY *****
Name of NEW PHA:	
Address of NEW PHA:	
City, State and Zip Code of NEW PHA:	
Contact Person and Phone Number of NEW PHA:	
Voucher Size: TTP: \$	

Receiving Housing Authorities Benefit Payment Standard: \$ \_\_\_\_\_

Eligible to transfer to receiving Housing Authority: YES or NO (circle one)