



Section 8/Housing Choice Voucher

## PORT- OUT REQUEST

New Applicant     Participant     FSS Client     Port-In Client

### Part I: To be completed by Section 8 Family.

1. Client Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  2. Select the type of notice you provided to your housing specialist, if applicable: *(mark only one)*  
 Mutual Rescission Form     30-DAY Notice to Move Form     N/A
  3. HOUSING AGENCY IN THE AREA YOU WISH TO MOVE TO:  
*(Port-In families wishing to move to another jurisdiction are referred back to their original housing authority.)*  
Housing Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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### Part II: To be completed by housing staff.

1.  **Family IS eligible for portability and has been notified.**  
*(Included in this packet: 52665; last 50058; verification documents on file; Voucher; and EIV, if available.)*  
 **Family IS NOT Eligible for Portability and has been notified.**
  2. Lease End Date: \_\_\_\_\_ Voucher Expiration Date: \_\_\_\_\_
  3. Date paperwork sent: \_\_\_\_\_ Via:  Fax     Mail     Email  
Receiving PHA Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Signature of Housing Specialist: \_\_\_\_\_ Date: \_\_\_\_\_