**PORTABILITY REQUEST FORM**

PLEASE COMPLETE THE FOLLOWING INFORMATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEAD OF HOUSEHOLD TELEPHONE NUMBER

**PLEASE LIST THE HOUSING AUTHORITY FOR THE AREA TO WHICH YOU WISH TO MOVE:**

|  |  |
| --- | --- |
| HOUSING AUTHORITY NAME: |  |

|  |  |
| --- | --- |
| HOUSING AUTHORITY ADDRESS:  |  |

|  |  |
| --- | --- |
| CONTACT PERSON: |  |
| HOUSING AUTHORITY PHONE NUMBER: |  | FAX NUMBER: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| # OF FAMILY MEMBERS |  | VOUCHER SIZE: |  |

**AFTER COMPLETING THIS PORTION, BRING THE FORM INTO THE HOUSING AUTHORITY AT:**

**1455 BUTTE HOUSE ROAD, YUBA CITY, CA 95993**

**RECEIVING HOUSING AUTHORITY PLEASE COMPLETE THE FOLLOWING:**

[ ]  YES, WE WILL ABSORB THIS CLIENT [ ]  NO, WE WILL **NOT** ABSORB THIS CLIENT.

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THIS FAMILY:**

|  |  |
| --- | --- |
| VOUCHER SIZE YOUR AGENCY WILL ISSUE: |  |

|  |  |
| --- | --- |
| PAYMENT STANDARD FOR THAT VOUCHER: |  |

PHA CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHA ADMIN FEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| SIGNATURE OF RECEIVING HOUSING AUTHORTITY  |  | DATE |

**Please return form to \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, either by fax (above) or email (below)**

**Email: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TO ALL CLIENTS:

If you wish to use your voucher to “Port Out” you have to contact the Housing Authority, you wish to go to and get the information to complete this “Portability Request Form.”

1. The Housing Authority you want to go to is called the receiving Housing Authority. If the receiving Housing Authority voucher payment standard is higher than Sutter County voucher payment standard, we will not be able to let you take your voucher to another jurisdiction; unless, the receiving PHA agrees to absorb your voucher.
2. After obtaining the information to complete this form, please return this form to our office.
3. We will contact the receiving Housing Authority and get confirmation in writing.
4. Please note this process could take up to 14 business days.

NUMBER OF BEDROOMS YOUR FAMILY QUALIFIES FOR:

SUTTER COUNTY’S PAYMENT STANDARD:

Confidentiality Notice:

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