



Plymouth Housing Commission – Portability Request Form

1160 Sheridan

Plymouth, MI 48170

(734)455-3670 Fax: (734)455-2429

Date: _____

In order to move to another Public Housing Authority's (PHA) jurisdiction, while retaining your Housing Choice Voucher (HCV) (Section 8) assistance, you must complete and return the following to the assigned Housing Agent with 14 days of the above date. This form will not be accepted, and Portability paperwork will not be forwarded, unless all required information is provided.

Head of Household: _____	Social Security Number: _____	Are you currently a participant on the Family Self Sufficiency Program: <input type="checkbox"/> YES <input type="checkbox"/> NO
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WHERE YOU LIVE NOW

Address: _____ _____	Home Phone: _____
City _____ State _____ Zip _____	Work Phone: _____
County _____	

WHERE YOU WANT TO MOVE

State: _____	County: _____	City: _____
New Unit Address (Optional): _____	Name and Address of Public Housing Authority: _____	
PHA Telephone Number: _____	PHA Fax Number: _____	Portability Officer 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 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 PHA; or
2. Website: <http://www.hud.gov/offices/pih/pha/contacts/index.cfm>. This site gives clear instructions, and is very simple to use.

I understand that Portability paperwork will be forwarded to the PHA listed above for the unit indicated above. Plymouth Housing Commission will send Portability paperwork to no more than two PHA's on my behalf. If I do not use the Portability option before the Voucher expiration date. I relinquish my right to port my Plymouth Housing Commission Choice Voucher to a new PHA.

Head of Household Signature

Date

PLYMOUTH HOUSING USE ONLY

_____ Name of Person Contacted	_____ Phone Number	_____ Date and Time of Contact
<input type="checkbox"/> Receiving PHA will Absorb	<input type="checkbox"/> Tenant is in good standing with PHC	
<input type="checkbox"/> Receiving PHA will Bill	<input type="checkbox"/> Receiving PHA has an active FSS Program (if FSS is indicated)	
_____ Date of Admission	<input type="checkbox"/> All Household members 18 years of age and over, passed a criminal screening. <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ Date
_____ Housing Agent Signature	_____ Date	

"Your Housing Choice Voucher assistance is a privilege, not a right. If you abuse this privilege you may lose your voucher."