HOUSING AUTHORITY OF THE CITY OF YUMA

420 South Madison Avenue Yuma, Arizona 85364

PORTABILITY REQUEST

In the Section 8 Housing Choice Voucher Program, "portability" is when a family moves its assistance from one housing authority's jurisdiction to another housing authority's jurisdiction. To be eligible to request portability, a family must meet at least one of the following criteria:

- 1. The family must have had legal residence in the jurisdiction of HACY at the time the family placed its name on the Section 8 waiting list; OR
- The household has been receiving housing assistance from HACY for at least one year.
 If you believe you are eligible to port and you would like to transfer your housing assistance to a different housing authority's jurisdiction, please fill out the information below and return to the above address.

NAME OF HEAD OF HOUSEHOLD:

Approved: _

Address:		Apt. #:		
Telephone: Home:() Wk:() Cell:()	
WHERE DO YOU WANT	ГО MOVE ТО?			
City:	County:	State:		
Name of Public Housing A	uthority (PHA) and	contact information (i	f known):	
PHA Name:		Contact:		
PHA Address:				
	Email:			
PHA Phone:		Fax:		
you wish to "port in 2. Next, your request you wish to move. you of the determin HACY approval, you agreement and send	the housing authority and to their jurisdiction to port out must be an HACY will inform you nation. Completing the our must give your land HACY a copy.	n, and confirm that they pproved by both HACY ou whether or not your nais form does not serve a dlord a separate written	I like to move into and inform them the are receiving portable vouchers. I and the housing authority in the located request has been granted. HACY will as notice to your landlord. After received notice in accordance with your lease.	ation l notify iving
			will process your portability authority where you will move.	
* *	-	of the portability procest scher being canceled at	ss as outlined in the Relocation and F any time.	Porting
5. HACY Determinate	ion will be mailed to	you within 5 Business I	Days of receipt of this document.	
Head of Household Signatur	·e		Date:	
For Office Use Only: Current Bedroom Size: Current Payment Standard			PHA is Billing: Bedroom Size: Payment Standard:	

Date placed on waitlist: _