



### PORTABILITY REQUEST FORM

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_ am requesting a portability transfer from the Phillipsburg Section 8 HCV Program to:

Housing Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Portability Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Is the Housing Agency Absorbing: Yes \_\_\_\_\_ No \_\_\_\_\_

Is the Housing Agency Billing: Yes \_\_\_\_\_ No \_\_\_\_\_

**By signing this Portability Request form, I understand the following:**

- 1) Payment standards and voucher sizes may differ.
- 2) I must be in good standing to move.
- 3) I do not have an outstanding balance with my Landlord, and I must provide my Landlord a notice to vacate.
- 4) I must provide the Phillipsburg Section 8 office a copy of the written notice to vacate that I give to my Landlord.
- 5) I understand the portability process set forth by the Phillipsburg Section 8 office.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

