



Hernando County Housing Authority

621 W. Jefferson Street
Brooksville, FL 34601
Telephone: (352) 754-4160
Fax: (352) 754-4168

PORTABILITY REQUEST FORM

Transferring Current Assistance to Another Housing Authority

Name: _____ Date: _____

Social Security Number: _____ Contact Number: _____

Current Address: _____

Where would you like to transfer your Housing Choice Voucher?

Please provide the information to the Housing Authority you are requesting to transfer to.

Name of Housing Authority: _____

Contact Person: _____ Email: _____

Address: _____

City, State, Zip: _____

Telephone #: _____ Fax #: _____

IMPORTANT INFORMATION AND ACKNOWLEDGEMENTS

We will not be able to transfer to you another PHA if: You have an outstanding claim against you, you have past due rent or tenant caused damages to your unit, you have not properly completed and submitted an *Intent to Vacate Form* and *Mutual Lease Rescission form* (if applicable). _____ (Initial)

I understand that my assistance will not be transferred to another PHA until all documents and forms are completed/received. _____ (Initial)

I understand that once my assistance has been transferred and I would like to rescind my request I **MUST**:

- Submit it in writing to the HCHA and the new PHA. _____ (Initial)
- I understand that transferring back my assistance can take 30-60 days. _____ (Initial)
- I understand that I am responsible for the full amount of rent until this process is completed if I remain after the vacate date. _____ (Initial)

I understand that it is my responsibility to verify what the port in process is for the PHA I am requesting to transfer my assistance to. _____ (Initial)

Signature of Head of Household

Date