



REQUEST FOR PORTABILITY

TO BE COMPLETED BY HEAD OF HOUSEHOLD

NAME: _____ SS#: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: Home () _____ Work () _____

Participant Signature

Date

**** Please be advised that the port out process takes 14 to 21 days to be completed. Your request will be reviewed as quickly as possible. You will receive written notification of approval or denial. If approved, you will need to call the Housing Authority you listed below to make sure your paperwork has been received by them and to make arrangements to go through their move in process.**

COMPLETE THE FOLLOWING REGARDING THE HOUSING AUTHORITY YOU WISH TO MOVE TO

Name of Housing Authority: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Name of Portability Officer: _____ Extension: _____

_____ Approved

_____ Denied

Housing Specialist Signature _____ *Date* _____



NOTICE OF INTENT TO VACATE

Date: _____

Client ID # _____

I (print your name) _____, hereby give notice of my intent to vacate the unit located at _____. I fully understand that after I submit this notice, I must be issued a Voucher and a move packet before I move.

I will be completely moved out of the unit indicated by the following date _____.

I will clean the unit and repair any damages caused by my family before vacating. I will also contact the Landlord on the day of my departure, in order to return the keys to the unit. I understand the Lease and Housing Assistance Payment Contract will be cancelled on the last day of the month.

In the event that I decide to remain in the above unit, I must notify the Section 8 Housing Choice Voucher office, in writing, within ten (10) business days before my move out date. If I do not notify the office as required, I understand that I am responsible for the following months full rent.

*** OUR AGENCY CAN NOT GRANT EXTENSIONS FOR CLIENTS TO REMAIN IN A UNIT PAST THE AGREED MOVE-OUT DATE ABOVE. THE LANDLORD MUST SUBMIT THE EXTENSION IN WRITING TEN (10) BUSINESS DAYS PRIOR TO MOVE-OUT DATE.**

Participant Signature

Date

THIS SECTION TO BE COMPLETED BY LANDLORD

Will the above family leave owing a balance for rent? (Please circle one.) YES NO
➤ If yes, how much? _____

Have you set up a repayment agreement for any balances that is owed? YES NO
➤ If yes, please attach a copy of the agreement.

ATTENTION LANDLORDS:
The Section 8 Housing Choice Voucher Office strongly urges you to follow Pennsylvania's Landlord/Tenant rules and regulations for any damages.

Landlord Signature

Date