

REQUEST FOR PORTABILITY - PLEASE PRINT NEATLY

DATE: ____/____/____

TENANT NAME: _____

TENANT PHONE #: (____) _____ - _____

TENANT SS#: _____ - _____

TO: _____ FROM: SPRINGFIELD HOUSING AUTHORITY

CONTACT NAME: _____ CONTACT NAME: _____

STREET ADDRESS: _____ STREET ADDRESS: 200 N 11TH ST

CITY, STATE & ZIP: _____ CITY, STATE & ZIP: SPRINGFIELD, IL 62703

PHONE: _____ PHONE: 217-753-5757 EXT _____

FAX: _____ FAX: 217-753-0029

EMAIL: _____ EMAIL: PORTABILITY@SHA1.ORG

DO NOT COMPLETE BELOW THIS LINE

(INTERNAL USE ONLY)

The following documents are included:

- | | |
|---|---|
| <input type="checkbox"/> Portability Form (HUD-52665) | <input type="checkbox"/> Signed Voucher (HUD-52646) |
| <input type="checkbox"/> 50058 (Full Report) | <input type="checkbox"/> EIV/Public Aid Report |
| <input type="checkbox"/> Income Verification | <input type="checkbox"/> Repayment Agreement _____ Yes _____ No |

NOTE: THE PROGRAM PARTICIPANT WILL BE RESPONSIBLE TO PROVIDE BIRTH CERTIFICATES, SOCIAL SECURITY CARDS AND PHOTO IDENTIFICATION FOR ALL FAMILY MEMBERS AND OTHER DOCUMENTS REQUIRED BY RECEIVING PHA.

I hereby certify that the information above was checked, in the file and in compliance with prescribed rules and regulations that govern the Section 8 HCV program. Please contact the above should you require additional information. Thank you for your assistance.

Sincerely,



SECTION 8/HOUSING CHOICE VOUCHER PORTABILITY REMINDERS

1. A Pre-Move-Out inspection will be conducted **PRIOR** to porting.
2. Move-out inspection **MUST PASS** prior to port paperwork being forwarded to the receiving housing authority.
3. If the move-out inspection fails, one of the following **MUST BE** completed:
 - **ALL** damages must be corrected
 - If damages are not corrected, the cost of the repairs must be paid in **FULL**
 - If you cannot pay for the repairs in full, you may enter into a repayment agreement for the cost of damages **ONLY** if the landlord agrees to do so
 - SHA **MUST** receive documentation of which option is selected
4. There **MUST NOT** be any outstanding debt owed to SHA or any other housing authorities prior to porting. If a debt is found, it **MUST BE PAID IN FULL** prior to port paperwork being forwarded to the receiving housing authority.
5. Additional people **WILL NOT** be added to the voucher in the month prior to porting.
6. The receiving housing authority determines the family unit size in accordance with their subsidy standards.
7. The amount of housing assistance shall be based on the applicable Payment Standard in effect at the receiving housing authority.

I understand the above policies regarding SHA's rules governing portability.

Head of Household Signature

_____/_____/_____
Date

SHA Staff Representative

_____/_____/_____
Date

