



# 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 11<sup>TH</sup> 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:

- Portability Form (HUD-52665)
- Voucher (One that is signed by the participant)
- 50058 (Full Report)
- EIV/Public Aid Report
- Income Verification
- 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,







**SPRINGFIELD  
HOUSING  
AUTHORITY**



200 North 11th Street, Springfield, IL 62703  
Phone 217.753.5757 | TTY 217.753.5757 | Fax 217.753.5799  
Section 8 Fax 217.753.0029 [www.springfieldhousingauthority.org](http://www.springfieldhousingauthority.org)

Changing lives one key at a time

## **HOUSING CHOICE VOUCHER PORTABILITY REMINDERS**

1. A 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, all damages must be corrected and/or the balance must be paid in full with the landlord.
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



