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| HOUSING CHOICE VOUCHER PORTABILITY REQUEST FORM SANTA ANA HOUSING AUTHORITY, M-2720 CIVIC CENTER PLAZA, PO BOX 22030 SANTA ANA, CA 92702PHONE (714) 667-2200 FAX (714) 547-5411 |

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| *Tenant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Tenant Code \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_*   |
| *Forwarding Address Information* |
| Street Address Apt Number City State Zip Code |
| Home Phone Number/Message**( )** | Cell Phone Number**( )** | Work Phone Number |

*Request for transfer to another Housing Authority*

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| I request that my case be transferred to the following: |
| Name of Housing Authority | Contact Person **-Portability Dept.**  |
| Street Address City State Zip Code |
| Phone Number **( )**  | Fax Number**( )**  |
| I certify that the following portability policies were explained to me:I understand that the receiving Housing Authority’s Occupancy Standards and Payment Standards may be different and my voucher size may change.I understand that it may take the Santa Ana Housing Authority up to 2 weeks to process my portability request.I understand that the receiving Housing Authority will schedule an appointment to verify my information and issue me a voucher and a Request for Tenancy Approval.1. I understand that the receiving Housing Authority may have different policies and I must comply in order to continue with housing assistance.

I understand that if I remain in the unit beyond the date indicated on my Notice to Vacate, which is \_\_ \_\_, I will be responsible for full contract rent as of \_\_\_ . There will be no HAP extension.I understand that in the event the unit is not approved by either party and I wish to move to another unit outside the jurisdiction of the receiving Housing Authority, my information will be sent back to the Santa Ana Housing Authority to begin the portability process again.I certify that I do not have any outstanding monies owed to the Santa Ana Housing Authority. |
| *Tenant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Housing Specialist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |