

**REQUEST FOR PORTABILITY**

**PART I.**

**TO BE COMPLETED BY THE HEAD OF HOUSEHOLD (Please Print)**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, PA Zip Code \_\_\_\_\_

Telephone Number-Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Complete the following regarding the jurisdiction you want to move to:**

Municipality/Town/City: \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Signature of the Head of Household:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**UPON RETURN OF THIS REQUEST – THE APPROPRIATE DOCUMENTS WILL BE FORWARDED TO THE HOUSING AUTHORITY YOU STATED ABOVE.**

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PLEASE NOTE: In accordance with Federal Regulations at 24 CFR 982.314(e) (1), the Housing Authority of Dauphin County may deny permission to move if the Housing Authority does not have sufficient funding for continued assistance.

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**PART II.**

**TO BE COMPLETED BY THE HOUSING AUTHORITY**

Voucher # \_\_\_\_\_

The household is:

[    ] A voucher holder;

or

[ **X** ] A program participant.

If a voucher holder, I have verified with the receiving Housing Authority Agency that the household is income eligible in the jurisdiction of the receiving HA.

**If a program participant, the HAP Contract termination date is:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_