PORTABILITY REQUEST TO TRANSFER

Applicants and residents who are part of the Massachusetts Department of Housing & Community Development’s Housing Choice Voucher Program must obtain Metro Housing | Boston approval before moving to another housing authority's jurisdiction. Submit this completed request form to your Service Representative.

TO BE COMPLETED BY APPLICANT/PARTICIPANT

Head of Household Name ___________________________ Participant ID Number ___________________________ Telephone Number ___________________________

Applicant/Participant Address ___________________________ City, State ___________________________ Zip Code ___________________________

City to which you would like to port: ________________________________________________________________

Name of Housing Authority (if known): ______________________________________________________________

Contact Information: ______________________________________________________________

Contact Name ___________________________ Phone Number ___________________________ Fax Number ___________________________

Head of Household Signature ___________________________ Date ___________________________

TO BE COMPLETED BY RAA STAFF

Name of Receiving HA: ___________________________ Portability Contact: ___________________________

Address of Receiving HA: ______________________________________________________________

Address ___________________________ City, State ___________________________ Zip Code ___________________________

HA Phone #: ___________________________ HA Fax #: ___________________________

Complete Box 1 if the individual seeking to move is a current participant. Complete Box 2 if the individual seeking to move is an applicant. Families must meet all criteria before being approved for port-out.

Box 1: For current participants please verify and check all of the following:

☐ The family does not owe Metro Housing | Boston money;  
☐ The family does not owe the landlord money related to rent;  
☐ The family is not in the initial term of their lease; and  
☐ The family has not moved within the last twelve (12) months.

Box 2: For an applicant please verify and check all of the following:

☐ Either the head of household or the spouse/co-head had a domicile residence in DHCD’s jurisdiction at the time of the family’s application; and  
☐ The family is income eligible in the jurisdiction to which they intend to move.

The portability request is: ☐ Approved ☐ Denied

Reason for Denial/Other Comments ______________________________________________________________

_____________________________ ___________________________
Staff Name and Signature Date

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