

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 _____