

FAMILY REQUEST FOR PORTABILITY

TO: MANHATTAN HOUSING AUTHORITY, SECTION 8 DEPARTMENT

DATE: _____

PRINT NAME: _____

ADDRESS: _____

I WISH TO TRANSFER MY HOUSING CHOICE VOUCHER TO ANOTHER
HOUSING AUTHORITY JURISDICTION; MY REASON FOR THIS REQUEST IS;

MOVE-OUT INTENT DATE: _____

REQUESTED JURISDICTION (Name and Address of Housing Authority Agency):

I understand that I am allowed to exercise the portability feature of the Housing Choice Voucher Program subject to availability of funds and or if the receiving agency absorbs incoming portable families, according to HUD regulations and the Manhattan Housing Authority administrative plan.

Head of Household Signature

MHA Representative Signature

Date: _____

Date: _____