



Eligibility Criteria For Portability

Reason for Move	Criteria	Verification
Employment	<ul style="list-style-type: none"> PHA must verify that a household member is employed or has accepted employment outside of PHA's jurisdiction. For accepted employment, the start date must be within 60 days from the date of the request to port out. PHA must verify that the household member will be working at a facility located in the jurisdiction of the housing authority to which the family wishes to move. 	<ul style="list-style-type: none"> Employment letter stating that a family member is employed or has accepted employment at a facility within the receiving housing authority's jurisdiction. Letter should include hire date. Paystub dated within the past 60 days with the household member's name and the employer's address within the new jurisdiction. If resident/applicant is unable provide paystubs or a letter from the employer, send third party verification form to the employer. Conduct oral verification if written third party request is not returned. Self-certification is only acceptable for self-employment.
Education	<ul style="list-style-type: none"> PHA must verify that an adult household member has been accepted to <i>and</i> enrolled in an academic program outside of PHA's jurisdiction. Acceptance into an academic program does not alone qualify a tenant for a portability move, as it does not ensure that the client actually intends to enroll in the program. Anticipated enrollment must be by the second semester following the date of the port-out request. For example, if the port-out request is made in May 2012, anticipated enrollment must be by January 2013 (Sept 2012 = 1 semester and January 2013= 2nd semester) PHA must verify that the academic institution is within the jurisdiction of the housing authority to which the family wishes to move. 	<ul style="list-style-type: none"> Original letter from the academic institution stating that an adult household member is enrolled at the academic institution. If the household member is not yet enrolled in courses, he or she may provide a letter of acceptance along with verification that he or she has placed a deposit to enroll along with the anticipated start date If the client/applicant is unable to provide documents, send third party verification form to the academic institution. Conduct oral verification if written third party request is not returned. Self-certification is not acceptable.
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<p>Safety</p>	<ul style="list-style-type: none"> • PHA must verify that remaining in PHA's jurisdiction is a threat to the household member's safety. • Verification should indicate the relationship between any incidents of violence and the ongoing safety threat. • The verification should indicate that a move elsewhere in PHA's jurisdiction would not resolve the safety threat. • Residents/applicants who provide a verified safety need do not need verify why they are moving to a particular jurisdiction. 	<ul style="list-style-type: none"> • Participant must complete HUD Form 50066, and provide one of the following: <ul style="list-style-type: none"> ○ A federal, State, tribal or territorial or local police or court record; or ○ Documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury under 28 U.S.C. 1746 to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.
<p>Medical/Disability</p>	<ul style="list-style-type: none"> • PHA must verify that a household member must move for medical purposes. • The verification does not need to include the specific medical condition; however, it must state that a medical condition exists and requires the client to move. The verification should clearly identify how the client's need to move relates to the tenant's medical condition. • When applicable, the verification should include the address of a medical facility or care provider within the receiving HA's jurisdiction. 	<ul style="list-style-type: none"> • Applicant/tenant should complete a request for a reasonable accommodation. • Send the applicant/resident request form and the written third party form entitled "Verification of Need for a Reasonable Accommodation" to the third party verifier. • Conduct oral verification if the third party verifier does not respond. • A doctor's note from the applicant/tenant verifying that the tenant and/or household member must relocate to a specific location or area for medical purposes. • Self-Certification is not acceptable.