

### PORTABILITY REQUEST- MTW

Applicants and clients who are part of Philadelphia Housing Authority's Housing Choice Voucher Program must receive PHA approval prior to moving to another housing authority's jurisdiction. Complete this form and provide the supporting documentation outlined below and submit to HCV's Portability Department

#### TO BE COMPLETED BY APPLICANT/TENANT

Head of Household Name \_\_\_\_\_ Client ID Number \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

City to which you would like to port: \_\_\_\_\_

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

Portability Contact Name: \_\_\_\_\_

Address of Receiving Housing Authority: \_\_\_\_\_  
 Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

HA Phone #: \_\_\_\_\_ HA Fax #: \_\_\_\_\_

**You must have a "current" issued voucher to complete a Portability request.**

Reason for Portability Request (Please check and provide supporting documentation for all that apply):

	Reason	Documentation Needed*
<input type="checkbox"/>	A household member has received and accepted employment outside of PHA's jurisdiction.	Letter of hire from employer, including the start date of employment. Letter must be on company stationery, include the address of where you will be working, and include contact information for the Human Resources Department.
<input type="checkbox"/>	A household member must move to another jurisdiction for medical/disability reasons.	Letter from a knowledgeable professional stating that you must move outside of PHA's jurisdiction for medical reasons or as a reasonable accommodation for a person with a disability. Letter must be on official stationery, include provider's address, and identify the relationship between the need and your need to move outside of PHA's jurisdiction.
<input type="checkbox"/>	A household member is <i>enrolled</i> in an academic program outside of PHA's jurisdiction.	A letter from the academic institution stating that you have been admitted as student into their program, along with documentation provided by the institution stating that you are either enrolled in classes or have made a monetary deposit for classes.
<input type="checkbox"/>	A household member is an individual who is or has been a victim of domestic violence, dating violence, or stalking and is imminently threatened by harm from further violence if he or she remains in PHA's jurisdiction.	Completed HUD Form 50066, and either, (1) a police record or (2) a letter signed by a victim service provider, an attorney, or medical provider from whom you have sought assistance in addressing the incident. Either document must indicate a relationship between your need to move to another jurisdiction and the domestic violence incident.
<input type="checkbox"/>	<b>Hardship Exemption:</b> The cost of living in PHA's jurisdiction is too high and the family is requesting a financial hardship waiver from the requirement to provide a verified employment, education, safety, or medical/disability related need to support its move. This must be approved by the Assistant General Manager.	To qualify for a financial hardship exemption a family must be seeking to move to a jurisdiction where the fair market rent is at least 5% lower than the fair market rent in Philadelphia. Additionally, the family must be paying more than 40% of its adjusted monthly income towards rent.

\*Documents used to verify reason for move must be dated within the past sixty days.

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**APPLICANT/TENANT CERTIFICATION**

I hereby certify that the above information is truthful and I have provided that necessary documentation.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY PORTABILITY TEAM LEAD**

Complete Box 1 if the individual requesting portability is a current **HCV participant**.  
Complete Box 2 if the individual requesting portability is an **HCV Applicant** issued a voucher.

**Families must meet all criteria before being approved for a port-out move.**

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

The family has been approved for a Transfer at Recertification or Emergency Transfer.

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

Either the head of household or the spouse/co-head had a domicile residence in PHA's jurisdiction at the time of the family's application.

The family has provided verification of one of the four reasons required for Port-Out moves.

Port-Out Reason: \_\_\_\_\_ Document Provided: \_\_\_\_\_

The family meets the qualifications for a hardship waiver.

The portability request is: Approved Denied

The portability request was submitted by **Mobility**  YES  NO. If yes, requires Director/Manager Approval

Reason for Denial/Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Team Lead Signature/Name

\_\_\_\_\_  
Date of Approval/Denial

\_\_\_\_\_  
Director/Manager Signature/Name (if applicable)

\_\_\_\_\_  
Date of Approval/Denial