

PORTABILITY REQUEST

Applicants and participants 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. **You must have a current issued voucher to complete a Portability Request.**

To receive approval complete this form and provide the supporting documentation outlined below.

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

RHA Phone

RHA Fax

RHA Email

Reason for Portability Request (please check the reason and provide supporting documentation for all that apply):

Reason	Documentation Needed
<input type="checkbox"/> Employment. A household member has received and accepted employment outside of PHA's jurisdiction.	<ul style="list-style-type: none"> • 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; or • Pay stub dated within the past 180 days with your name and the employer's address in the new jurisdiction.
<input type="checkbox"/> Education. A household member is enrolled in an academic program outside of PHA's jurisdiction.	<ul style="list-style-type: none"> • An original letter from the academic institution stating that you have been admitted as student into their program and documentation provided by the institution stating that you are either enrolled in classes or have made a monetary deposit for classes.
<input type="checkbox"/> Personal Safety: VAWA. A household member is an individual who is or has been a victim of domestic violence, dating violence, sexual assault, and/or stalking and is imminently threatened by harm from further violence if they remain in PHA's jurisdiction.	<p>One of the following:</p> <ul style="list-style-type: none"> • A certification form approved by PHA that states that a household member is a victim of domestic violence, dating violence, stalking, or sexual assault, that the incident of domestic violence, dating violence, stalking, or sexual assault is grounds for VAWA protections and that includes the name of the individual who committed the domestic violence, dating violence, sexual assault or stalking, if the name is known and safe to provide; or • A completed form HUD-5382 VAWA Certification Form that describes how the assistance termination relates to the acts of domestic violence, dating violence, sexual assault, or stalking; or • A federal, state, tribal, territorial, local police record, court record or administrative agency record; or • Documentation signed by you and an employee or representative of a victim services provider, or social services provider, or an attorney, school personnel, or medical professional, from whom the victim has sought assistance as a result of the abuse, in which the professional attests under penalty of perjury that the applicant or tenant believes that the incident/abuse is grounds for protection under VAWA.
<input type="checkbox"/> Personal Safety: Other. An applicant/client believes their	<ul style="list-style-type: none"> • A federal, state, tribal, territorial or local police record that indicates the relationships between any incidents of violence and the ongoing safety threat.

Reason	Documentation Needed
current unit/location is a threat to a household member's safety.	
<input type="checkbox"/> PHA Mobility Program. Enrolled in PHA's Mobility Program.	<ul style="list-style-type: none"> • Verification of enrollment in PHA's Mobility Program.
<input type="checkbox"/> Medical/Disability. A household member must move to another jurisdiction for medical/disability reasons.	<ul style="list-style-type: none"> • Completed request for a reasonable accommodation; and • 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 medical/disability condition and the need to move to a specific location or area.
<input type="checkbox"/> Hardship Exemption: The cost of living in PHA's jurisdiction is too high and the family is requesting a hardship waiver from the above requirements to support the move.	<ul style="list-style-type: none"> • To qualify for a financial hardship exemption, you 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, you must be paying more than 40% of your adjusted monthly income towards rent.

*Documents used to verify the reason for the move must be dated within the past 180 days.

APPLICANT/TENANT CERTIFICATION

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

Head of Household Name

Date

TO BE COMPLETED BY ELIGIBILITY TEAM LEAD

Complete Box 1 if the family requesting portability is a current **HCV participant**.

Complete Box 2 if the family requesting portability is an **HCV applicant** who has been issued a voucher.

Families must meet all criterial before being approved to port out.

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 applicants, 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 above reasons required to port out.

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/Leasing Coordinator Signature

Team Lead/Leasing Coordinator Name (please print)

Date of Approval/Denial

Director/Manager Signature (if applicable)

Director/Manager Name (please print if applicable)

Date of Approval/Denial