



Housing Choice Voucher Program Administrative Plan

Board Approved: June 15, 2023

Effective Date: July 1, 2023

APPENDIX I: VERIFICATION REQUIREMENTS FOR MTW PORT-OUTS

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 180 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 2016, anticipated enrollment must be by January 2017 (Sept 2016 = 1 semester and January 2017= 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 a household member is enrolled at the academic institution. • If the Adult 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.

Reason for Move	Criteria	Verification
Personal Safety: VAWA	<ul style="list-style-type: none"> • A household member or affiliated individual is a victim of domestic violence, dating violence, sexual assault, and/or stalking under VAWA. • The household member or affiliated individual reasonably believes that they are in danger of imminent harm from further violence if they remain in their current unit. • The household member or affiliated individual expressly requests the transfer. • The household member or affiliated individual submits documentation confirming that they are a victim of domestic violence, dating violence, sexual assault and/or stalking. 	<ul style="list-style-type: none"> • Participants may provide one of the following to demonstrate the need for a VAWA port-out move. <ul style="list-style-type: none"> ○ A certification form approved by PHA that states that the applicant or tenant 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 violence defined in this chapter; or, ○ A Federal, State, tribal, territorial, local police record, court record or administrative agency record; or, ○ Documentation signed by the applicant or tenant 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.

Reason for Move	Criteria	Verification
Personal Safety: Other	<ul style="list-style-type: none"> • PHA must verify that remaining in the client's current unit/location 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 would resolve the safety threat. 	<ul style="list-style-type: none"> • A federal, State, tribal or territorial or local police or court record;
PHA Mobility Program	<ul style="list-style-type: none"> • Enrolled in PHA's Mobility Program 	<ul style="list-style-type: none"> • Verification of enrollment in PHA's Mobility Program
Medical/Disability	<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
Hardship Exemption	<ul style="list-style-type: none"> • A family may seek a hardship waiver from the MTW portability criteria if the cost of living in PHA's jurisdiction is at least 5% greater than the FMR in the jurisdiction to which the family is looking to port and the family share of rent is greater than 40% of their monthly adjusted family income. 	<ul style="list-style-type: none"> • Calculation of PHA's FMR against FMR in jurisdiction to where the family wishes to port to determine if PHA's FMR is at least 5% greater • Review of the rent calculation worksheet to determine the percent of adjusted monthly income paid toward rent.