



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

PORTABILITY REQUEST FORM

In order to move to another Public Housing Authority's (PHA) jurisdiction, while retaining your Housing Choice Voucher (HCV), the Head of Household must complete and return this form to the Asheville Housing Authority's HCV Program.

Date of Request: _____

Head of Household Name: _____ Last 4 Digits of Social Security Number: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Provide the following information for the PHA or housing agency where your portability paperwork will be forwarded.
All fields shown are required, including an email address at the receiving PHA.

Name of PHA / Housing Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PHA / Housing Agency Contact Name: _____

Phone Number: _____ Fax Number: _____

Email Address (Required): _____

Confirm the following by checking the boxes and signing below.

- I am requesting that my HCV be ported, or transferred, to the above PHA. I understand that my rent will be calculated based on income and HUD voucher payment standards in the receiving PHA's jurisdiction.
- I understand that my voucher will expire on _____ and the Asheville Housing Authority HCV Program will not approve any extensions after my voucher is ported to the above PHA.
- I understand that if I decide not to pursue portability of my voucher, I must immediately report that in writing to the Asheville Housing Authority's HCV Program. If I cancel my portability to the above PHA, the voucher terms and expiration date noted above remain the same.

Head of Household Signature

Date

Housing Agency Use Only

The family is a current program participant. Contract termination date: _____

The family is not a current program participant but has been determined to be income-eligible in the receiving PHA's jurisdiction.

HCV Representative Signature

Date