

Amsterdam Housing Authority– Portability Request Form

52 Division Street

Amsterdam, NY 12010

(518) 842-2907 Fax: (518)842-2973

Date: _____

In order to move to another Public Housing Authority's (PHA) jurisdiction, while retaining your Housing Choice Voucher (HCV) (Section 8) assistance, you must complete and return the following to your assigned case worker within 14 days of the above date. This form will not be accepted, and Portability request will not be processed unless all required information is provided.

Head of Household: _____	Social Security Number: _____	Are you currently a participant on the Family Self Sufficiency Program: <input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------	-------------------------------	---

WHERE YOU LIVE NOW

Address: _____ _____ City State Zip County _____	Home Phone: _____ Work Phone: _____
---	--

WHERE YOU WANT TO MOVE

State: _____	County: _____	City: _____
Name of Public Housing Authority: _____	Address of Public Housing Authority: _____	
PHA Telephone Number: _____	PHA Fax Number: _____	Portability Officer Name: _____

For assistance in obtaining the name and address of the PHA where you want to move refer to HUD's:

1. Public and Indian (PIH) Information and Resource Center (1-800-955-2232). The Center answers inquiries regarding HCV Programs. Menu options are available in English and Spanish. The operator that answers the call will provide the name/address/contact person/telephone
2. Website: <http://www.hud.gov/offices/pih/pha/contacts/index.cfm>. This site gives clear instructions, and is very simple to use.

I understand that Portability paperwork will not be forwarded to the PHA listed above until the Amsterdam Housing Authority approves the request to move. I also understand that the request will be denied if I am not currently eligible to move from my unit.

Head of Household Signature

Date

AMSTERDAM HOUSING USE ONLY

_____ Name of Person Contacted	_____ Phone Number	_____ Date and Time of Contact
<input type="checkbox"/> Receiving PHA will Absorb <input type="checkbox"/> Receiving PHA will Bill _____ Date of Admission	<input type="checkbox"/> Tenant is in good standing with AHA <input type="checkbox"/> Receiving PHA has an active FSS Program (if FSS is indicated) <input type="checkbox"/> All Household members 18 years of age and over, passed a criminal screening. <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ Date
_____ Housing Agent Signature	_____ Date	