



7315 Hanna Street Fort Wayne, Indiana 46816  
260.267.9300 T 260.755.1058 TDD | fwaha.org

## Housing Choice Voucher Program Transfer Request Form

Under the Housing Choice Voucher (HCVP) Program, families can move their assistance from one unit to another unit under certain conditions. **All of the following conditions are necessary for a transfer to be approved.**

1. You have given proper notice to your landlord. You are required to provide proper notice to your landlord. If you do not give proper notice to your landlord, you may be terminated from participation in the HCV program. Please remember that you are also required to immediately provide the Housing Authority with a copy of any notice given to you by your landlord.
2. The first term of the lease has been satisfied. You must have lived in your current HCV assisted unit for the first term of the lease. However, under certain circumstances, if both you and your landlord voluntarily agree to terminate your lease before the end of a lease term, you may be able to transfer before the term ends.
3. All money owed to any Housing Authority has been paid in full. All past due amounts must be paid in full before a transfer can be processed.

Also, please be aware that if you transfer, your voucher size will be re-determined in compliance with our current subsidy standards policy. **Your voucher size may be decreased.**

**If you would like to transfer your housing assistance to another rental unit, please fill out the form below.**

Name of Head of Household: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Are you currently living in your assisted unit?

\_\_\_ Yes: Anticipated move date: \_\_\_\_\_

\_\_\_ No: Date you moved out of the assisted unit: \_\_\_\_\_

Please state the reason that you would like to transfer: \_\_\_\_\_  
 \_\_\_\_\_

### Next steps in the transfer process:

When the Housing Authority receives your Transfer Request Form, we will determine if you are eligible to transfer. If you are eligible to transfer, we will send you a letter with the instructions on the next step of the transfer process. The letter will also inform you of the voucher size you would receive if you chose to transfer.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

fax \_\_\_\_\_

260.267.9305 Administration  
260.267.9306 Housing Choice Voucher  
260.267.9307 Public Housing  
260.267.9308 Accounting



# OUTGOING PORTABILITY REQUEST

## REQUEST TO TRANSFER HOUSING CHOICE VOUCHER ASSISTANCE TO ANOTHER HOUSING AUTHORITY

PLEASE PRINT AND COMPLETE THE FOLLOWING. IF INCOMPLETE OR IF WE ARE UNABLE TO READ, YOUR REQUEST WILL BE DELAYED.

YOUR FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ Phone #: \_\_\_\_\_

YOUR CURRENT ADDRESS: \_\_\_\_\_

PLEASE INCLUDE CITY, STATE AND ZIP CODE

I am requesting that my voucher be transferred to: (Please provide as much information as possible)

- Name of Housing Authority: \_\_\_\_\_
- Address of Housing Authority: \_\_\_\_\_
- City, State, & Zip Code: \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Fax Number: \_\_\_\_\_

### I UNDERSTAND THAT I MUST (INITIALS REQUIRED):

\_\_\_\_\_ Contact the Housing Authority and schedule an incoming Portability Orientation.

\_\_\_\_\_ Follow the receiving Housing Authority's Policies and Procedures.

\_\_\_\_\_ Fort Wayne Housing Authority has issued a voucher for the term of 60 days. It is the receiving Housing Authority's decision to issue any extensions. I understand that Fort Wayne Housing Authority will not grant any extensions at this time.

\_\_\_\_\_ I will provide the receiving Housing Authority a copy of birth certificates, social security cards, valid state id or driver's license for all family members 18 and over, current income verification for all family members.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

