

*Address:* 603 Polk Street South Bldg A., Tacoma, WA 98444 Ph.: 253-620-5400 Fax: 253-620-5455 TTY: 253-620-5499 www.pchawa.org

### NOTICE OF PORTABILITY

## What is Portability?

It is the ability of a family to move from Pierce County Housing Authority's (PCHA's) jurisdiction to another Housing Authority's jurisdiction.

#### **General Provisions:**

Families may move anywhere in the United States into the jurisdiction of another Housing Authority that administers a Section 8 Housing Choice Voucher program.

#### **Restrictions:**

- Families must lease-up within PCHA's jurisdiction for twelve (12) months; if they did not already have a domicile (legal residence) in the initial HousingAuthority's jurisdiction when they applied. ("Domicile" does not include transient residences, such as a short-term motel stay.)
- Families may move under portability only **<u>ONCE</u>** during any twelve (12) month period.
- Families must be income-eligible for the areas to which the family ismoving.
- Families will not be allowed to move outside of PCHA's jurisdiction if they have an active Debt Repayment Agreement.

#### **To Request Portability**

Please contact Pierce County Housing Authority at (253) 620-5400 for any questions regarding portability or fill out the attached page – Part 1 and return to your Housing Specialist for approval.

# I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO FEDERAL REGULATIONS AND PCHA POLICY

Signature of Head of Household

Date

# FAMILY REQUEST FOR PORTABILITY

To be completed by th	e Family:				
HOH Name (please print)				CCN.	
Current onit Address.					
	City		State		Zip Code
	Currei	nt Contact Inf	ormation:		
Talanhana Number		(	'ellphone or r	nessage numbe	r.
Telephone Number: Email Address:			emphone of 1	nessage numbe	
Requested Move out Date Reason for Portability:	e:				
Have you provided prope	er notice to your landlor	d:		Yes / No	
	New Hous	ing Authority	Information	1:	
Name of Housing Author	ity you wish to Port to:				
Mailing Address:	:				_
	City	State		Zip Code	
	City			Zip Coue	
				-	
				_	
				_	
Have you already selecte				if yes, please lis	st address:
To be completed by Po	CHA:				
The above referenced D Approved Denied The Housing Authority Absorbing		ıs been			
☐ Billing In Pierce County the at The Current Payment S					
Staff Approval:			date: _		