E-mail address for Port out Housing Authority is required

REQUIRED

Move-out date (30 day Notice):

_____

If the client has not vacated the unit by the above date, both parties may agree to void or extend the move-out date by submitting the request in writing, in order to restore Housing Assistance Payments.

100 W. Cedar St., Akron, OH 44307

OUTGOING-PORTABILITY FORM

Please allow up to 10 business days for processing

I plan to transfer my voucher to another PHA's jurisdiction as indicated by the information given below**:**

HEAD OF HOUSEHOLD:_____
(Please print name)

SOCIAL SECURITY NUMBER:_____

ADDRESS: _____

PHONE #: _____

Are you active in the FSS program? YES_____ NO_____

RECEIVING PORT PHA: _____

PHA PORT CONTACT PERSON (first ,last name)**:**_____

PHA EMAIL ADDRESS REQUIRED: _____

PHA PHONE # **:** _____ _____

PHA FAX #**:** _____

ADDRESS OF PHA:_____

IF ANY OF THE ABOVE INFORMATION IS NOT COMPLETED YOUR PORT WILL NOT BE PROCESSED

_____ _____

HEAD OF HOUSEHOLD SIGNATURE **Date**

Any individual with a disability or other medical need who requires accommodation with respect to this correspondence should contact AMHA at 330-376-9788. Revised date 9/15