



## MOHAVE COUNTY COMMUNITY SERVICES DEPARTMENT

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Arizona Relay 711 TDD

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### PORTABILITY REQUEST

Under the Section 8 Housing Choice Voucher Program, families can move their assistance from one unit to another unit under certain conditions. "Portability" means moving from one housing authority's jurisdiction into another housing authority's jurisdiction. **All the following questions must be answered before a request to portable can be considered:**

#### AM I ELIGIBLE TO MOVE INTO A UNIT IN A DIFFERENT HOUSING AUTHORITY?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Were you living in this County when you placed your name on the waitlist? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you been leased up in this County for 1 year?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you currently owe money to your landlord or the Housing Authority?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**If you answered NO to questions #1 and #2, you may not be eligible to port out. If you answered YES to question #3, you must pay the balance due in full to be considered for portability.**

If you do not meet the requirements to portable your voucher as shown in statement #1 and/or #2 above, and you are an individual with a disability, you may request to portable your voucher as a reasonable accommodation (RA). RA may only be considered for disabled individuals. If you are a disabled individual and would like the request to portable your voucher be considered as a reasonable accommodation, submit this form with a Request for a Reasonable Accommodation form. This form is available in our lobby and on the Housing Authority website at [www.mohave.gov](http://www.mohave.gov). You may also call our Ports Specialist at 928-753-0723 to ask for one to be sent to you.

If you believe you are eligible to port and you would like to transfer your housing assistance to a unit in a different housing authority's jurisdiction, please fill out the form below. Your request will not be processed until the Housing Authority receives a copy of your vacate notice showing you've given your landlord 60 days' notice of your intent to move. Please be aware that it could take several weeks to review and process your Portability Request Form. If you cancel your request, and wish to port to a new location, you will need to submit a new Portability Request Form and that process could take additional time.

**Initial here showing you understand the rules of portability as they apply to you** \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_ Tenant ID: \_\_\_\_\_

Home address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email address: \_\_\_\_\_

**Please list the city, county, and state in which you would like to move:**

County:	PHA Contact:
City/State:	Email Address:
Name of PHA:	Phone/Fax number:

#### Next steps in the portability process:

1. We will contact the housing authority that covers the area you would like to move into. We will inform the other housing authority that you wish to "port in" to their jurisdiction and confirm that they are receiving portable vouchers.
2. Your request to port out must be approved by your current housing authority, and the housing authority in the location you wish to move. Our representative will inform you whether or not your request has been granted.
3. If your request has been approved by both housing authorities, we will process your portability documentation, and your program documents will be sent to the housing authority where you will move.
4. You will need to contact your new housing authority to inquire about any additional requirements that they may have.

Print Head of Household Name

Signature of Head of Household

Date

Office use only: PHA is Absorbing: \_\_\_\_\_ PHA is administering: \_\_\_\_\_ Date placed on W/L: \_\_\_\_\_

Current bedroom size: \_\_\_\_\_ Outgoing PHA bedroom size: \_\_\_\_\_

Current payment standard: \_\_\_\_\_ Outgoing PHA payment standard: \_\_\_\_\_ **Approved / Denied:** \_\_\_\_\_