

# PORTABILITY REQUEST

**NOTICE: PLEASE READ THROUGH THIS FORM CAREFULLY BEFORE YOU COMPLETE AND SIGN IT.**

I (Head of Household), \_\_\_\_\_, request portability of my/our Voucher to

**If known please provide information of the Housing Authority you wish to transfer to:**

Name of Receiving Housing Authority: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

I / We understand that the current Voucher documentation (paperwork) will not be forwarded to the responsible Agency until a proper vacate (move-out) notice is presented to the Owner/Property Manager and the Housing Authority of Merced County.

Once the necessary paperwork is forwarded to the Agency responsible for the area you are relocating to, all matters concerning your Housing Choice Voucher Program will be handled by that Agency, not the Merced County Housing Authority. The Merced County Housing Authority becomes the *Initial Agency*, and the Agency handling your case in the future is known as the *Receiving Agency*.

I/We understand that the Voucher is valid for 90 days. Requests for extensions must be directed to the RECEIVING AGENCY, and must be justified.

The NOTICE TO VACATE my/our current unit will expire on \_\_\_\_\_. I/we will vacate my/our current rental unit on or before this date.

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Other Adult)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Other Adult)

\_\_\_\_\_  
(Date)

**To be completed by ES:**

Mailing address of Receiving HA: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_