



# Community Development Commission of Mendocino County

1076 N. State St., Ukiah, CA 95482

707/463-5462

Fax: 707/463-4188

TDD: California Relay 711

## PORTABILITY REQUEST FORM

“Portability” means moving from one housing authority’s jurisdiction into another housing authority’s jurisdiction. **Complete page one of this form and supply the completed form to CDC.** Once received CDC will determine if you are eligible to port out. Once a determination has been made you will be notified in writing by CDC.

### To be completed by the Housing Choice Voucher Participant

Head of Household: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

Have you given your landlord a Notice to Vacate? .....	Yes	No	n/a
Have you given a copy of the Notice to Vacate to CDC? .....	Yes	No	n/a
Are you currently being evicted? .....	Yes	No	n/a

I request to transfer/port-out my Housing Choice Voucher to the following jurisdiction:

Housing Authority \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Date I anticipate vacating my current unit:** \_\_\_\_\_

- For families currently receiving rental assistance, the portability paperwork will be sent to the receiving Housing Authority. Please remember, **you are responsible to give your landlord a 30-day notice to vacate AND supply CDC with a copy of that notice.** You are also responsible for your portion of rent up until the end of your 30-day notice.
- Be aware the Housing Authority we send your information to will require additional information from the household and you will have to go through their process to be issued a voucher in that County.

### Next Steps in the portability process:

If CDC determines your family is eligible to port-out, we will send your information to the Housing Authority of your choice.

Once CDC sends the portability packet to the Housing Authority we will notify you by mail with their contact information. At this point you will be required to promptly contact that Housing Authority for further direction on how to proceed with their requirements.

\_\_\_\_\_  
Head of Households Signature

\_\_\_\_\_  
Date



Persons requiring an accommodation due to a disability may request such an accommodation at any time during this process.





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## Portability Request Form

### AGENCY USE ONLY

HOH: \_\_\_\_\_

HPS: \_\_\_\_\_

Receiving Housing Authority: \_\_\_\_\_ Fax # \_\_\_\_\_

CDC recently received a portability request from one of our Housing Choice Voucher participants. Please complete the following information and fax back to CDC as soon as possible.

Mailing Address: \_\_\_\_\_

- This Housing Authority will absorb the family upon receipt of the HUD- 52665.
- This Housing Authority will not absorb the family and will bill your agency upon receipt of the HUD- 52665.

Please indicate the following:

Income Limits for a household size of \_\_\_\_\_: \_\_\_\_\_

(Does not apply for current program participants, only applicants)

### Payment Standards:

Studio: \_\_\_\_\_ One Bedroom: \_\_\_\_\_ Two Bedroom: \_\_\_\_\_

Three Bedroom: \_\_\_\_\_ Four Bedroom: \_\_\_\_\_

Name and Phone Number of Housing Authority Representative this participant may contact.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Signature of HA Representative who completed form

\_\_\_\_\_  
Title



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