

## **Portability Request Form**

Your Name:	
Current Address:	
Telephone Number: ()	
E-mail Address:	
I am requesting that my Voucher be tra	
Name of Housing Authority:	
Address:	
City, State, Zip:	
Telephone Number: ()	
Fax Number: ()	
Date you wish to move:	
Client Signature	Date

In order to port to another jurisdiction, you must be in good standing with the San Benito Housing Authority. You cannot owe any money to SBHA nor have your current contract terminated for a violation of the lease. You must not be in violation of any of the Obligations of the Family.

\*\* A copy of your written 30 day notice to the owner must be attached to this form, and or a release statement from the owner to terminate lease early \*\*\*\*

The San Benito Housing Authority is committed to compliance with Equal Housing Opportunity, the Fair Housing Act and the American with Disabilities Act. Reasonable accommodations and equal access to communications will be provided upon request.

