



Portability Request Form

HOUSEHOLD INFORMATION	
Head of Household Name	Last Four Digits of Social Security Number
Current Address	
Phone Number	Email
Port Out Reason: <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Medical <input type="checkbox"/> Area of Opportunity <input type="checkbox"/> Housing Affordability <input type="checkbox"/> Safety/ VAWA <input type="checkbox"/> Unable to find a rental unit in Minneapolis	
Where are you trying to port out, provide the housing authorities info:	
Receiving PHA Name:	
PHA Address:	
PHA City & State	PHA E-mail:
PHA Phone:	PHA Fax:

I understand it is my responsibility to contact the Receiving PHA with any questions I may have regarding their policies/procedures. When I choose to move to another Housing Authority's jurisdiction the voucher size (bedroom size), rent portion and reporting requirements may change and will be based upon the policies of Receiving PHA where your moving. I understand that some PHA's place 2 family members in a bedroom regardless of age and gender.

Once all your necessary moving and updated income paperwork is submitted to MPHA, it can take approximately 5-10 days to forward to the Receiving PHA. If moving within the 7 County Metro area, and they receive your paperwork by the 15th of the month; assistance could start as soon as the first of the following month. The inspection will be completed by the Receiving PHA, not by MPHA.

The new Receiving PHA will be scheduling your briefing after they receive your paperwork from MPHA.

IMPORTANT: If you move into your unit prior to a passed inspection or when your assistance starts YOU are responsible for 100% of the rent.

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for termination of my housing assistance.

HEAD OF HOUSEHOLD SIGNATURE: _____ DATE: ____/____/____

Requests may be dropped off at MPHA's office (except Wednesdays we are closed to the public), email participants@mplspha.org, fax (612)335-4427, or postal service (att: HCV Program, address listed below)