



27 Robinwood Drive, SW Fort Walton Beach, Florida 32548
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PORTABILITY REQUEST FORM
Housing Choice Voucher Program

Gail Sansbury
Executive Director

I am requesting that my HCV (Section 8) assistance be transferred to another housing authority through the portability option. I understand the file transfer is dependent on the receiving agency's ability to accept new files.

Date of Request: _____

Bedroom Size on Voucher: _____ Bedroom(s)

Head of Household Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone Number: Cell () _____ Other () _____

Signature: _____

Head of Household Signature

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THE AREA WHERE YOU WISH TO RELOCATE:

Name of Housing Authority (HA) where I wish my paperwork to be sent:

Address of the HA: _____

City/State: _____ ZIP Code: _____

Telephone Number of HA: _____ Fax Number: _____

Email Address: _____

Name of Contact Person at HA: _____

Email Address: _____

I understand that different housing authorities have different policies and the income guidelines, bedroom assignment, and other procedures may be different from my present participation requirements.

This form must be completed and returned to your case worker at the Fort Walton Bch HA, along with a copy of your 30-day notice to vacate. Your income information must be current (not over 30 days

The Fort Walton Beach HA payment standard is \$ _____ for a _____ bedroom(s) voucher.
(The FWBHA policy is 2 people per bedroom.)

_____ Housing Authority's Standard for this family is \$ _____ for a _____
Bedroom(s) voucher.

Your Housing Authority's Tax ID is _____

Your Housing Authority's identification # is _____

Bank Name: _____

Acct. Number: _____

Routing Number: _____

_____ **Yes**, our Agency will absorb the above-referenced voucher holder.

_____ **No**, our agency will not absorb the voucher holder we are currently billing.

Signature of agency representative

Date