

# MARION COUNTY HOUSING AUTHORITY

2645 Portland Rd NE Suite 200, Salem OR 97301, 503-798-4170 Fax 503-798-4171

## PORTABILITY REQUEST FORM

**ITEMS 1-6 MUST BE COMPLETED, FAILURE TO COMPLETE ENTIRE FORM MAY RESULT IN A DELAY OF YOUR REQUEST**

**1. DO NOT VACATE YOUR UNIT OR LEAVE UNTIL MCHA HAS FULLY APPROVED YOUR REQUEST TO PORT!!!!**

Name of head of household: \_\_\_\_\_ Phone: \_\_\_\_\_  
Assisted Unit Address: \_\_\_\_\_  
Assisted Unit City: \_\_\_\_\_ State: Oregon ZIP Code: \_\_\_\_\_

**2. MAILING ADDRESS WHILE MOVING**  
if no mailing address is provided, mail will be sent to last known address

Mailing Address: \_\_\_\_\_  
Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**3. PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Are you in good standing with Marion County Housing Authority?  Yes  
 No- **STOP!** Do not complete form, contact your Case Manager

Have you utilized your Housing Choice Voucher in Marion County for at least 12 months?  Yes  
 No- **STOP!** Do not complete form, contact your Case Manager

Have you provided a 30-Day Notice to Vacate to your Landlord:  Yes, please include a copy along with your request  
 No- you will need to provide a copy in order for your request to be processed

**4. PLEASE TRANSFER MY HOUSING ASSISTANCE TO THE FOLLOWING HOUSING AUTHORITY:**  
If you need assistance selecting a Housing Authority, please contact MCHA

Name of Housing Authority			
Mailing Address			
City:	State:	ZIP Code:	
Phone Number:	Fax Number:		
Contact Person	E-Mail Address		

**5. PLEASE READ AND INITIAL EACH STATEMENT**

<input type="checkbox"/>	I understand that MCHA will send portability papers to the Housing authority I indicated above only once I have submitted all required documents.
<input type="checkbox"/>	I understand that the receiving Housing Authority policies may be different from MCHA and may affect my assistance through screening criteria, subsidy standards, voucher extensions and payment standards. For example, the receiving PHA might have more stringent policies related to screening for criminal backgrounds.
<input type="checkbox"/>	I understand that this process may take up to 4 weeks from date of request until my documents are sent to the new Housing Authority, and that I should be prepared to pay my rent on my own until the process is completed if I choose to vacate the unit prior to being approved to utilize portability.
<input type="checkbox"/>	I understand that due to the Privacy Act of 1974, MCHA must ensure that my information is able to be sent in a secure manner and my documents will not be sent until MCHA has confirmed my information is able to be sent in a secure manner.
<input type="checkbox"/>	I understand that if I fall out of compliance and are no longer in good standing, MCHA may rescind my request to transfer my assistance.
<input type="checkbox"/>	I understand that once my assistance has been transferred, my household must comply with the policies/regulations of the new Housing Authority

**WHAT HAPPENS NEXT?** MCHA will review your eligibility to port, if you are eligible, MCHA will contact you to complete any required documents, we will then fax the Housing Authority you selected and ask them to complete a questionnaire. Once the information is received from the receiving Housing Authority, and MCHA has received all required documents from you, MCHA will then send your documents to the receiving Housing Authority via the secured method that has been identified, this could be fax, e-mail or US Mail, and at this point MCHA will no longer administer your voucher. Once your documents are sent, you will need to contact the receiving Housing Authority you transferred your assistance to and schedule an appointment or complete any required documents in order to receive a voucher to search in their jurisdiction. Please note that if your voucher was transferred to MCHA from a different Housing Authority and your voucher was not absorbed by MCHA you will need to contact your initial Housing Authority to request the transfer of your assistance, if this scenario applies to you, your MCHA Case Manager will notify you.

**6.** \_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_ Date