



Case Manager _____
Client # _____ MO. ____

# San Francisco Housing Authority

Section 8 Housing Department

1815 Egbert Avenue • San Francisco CA 94124 • (415) 715-3280 • (415) 330-3396 FAX • (415) 467-6754 TTY

## PORTABILITY REQUEST FORM

Portability is the ability of a Housing Choice Voucher holder to move with continued assistance from one housing authority's jurisdiction to another location.

**TO USE YOUR PORTABILITY OPTION, CONTACT YOUR ELIGIBILITY CLERK. YOUR ELIGIBILITY CLERK WILL ASSIST YOU IN OBTAINING A TRANSFER VOUCHER. ONCE YOU HAVE A TRANSFER VOUCHER YOU MUST COMPLETE THIS FORM AND GIVE IT TO YOUR ELIGIBILITY CLERK.**

I, \_\_\_\_\_ a current Housing Choice Voucher holder, would like to utilize the portability provision of the program to receive assistance in the State, City and/or County of \_\_\_\_\_.

I do hereby authorize the San Francisco Housing Authority to release any information or materials that are deemed necessary to the complete portability process of my Section 8 Housing Choice Voucher assistance to the following location:

**HOUSING AUTHORITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_ (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Household

\_ (\_\_\_\_) \_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Date