

**Ocala Housing Authority
Section 8 Program
Request for Portability**

To be completed by the Head of Household

Part I

Name: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____

*** complete the following regarding the housing authority you wish to move to***

Part II

Name of the Housing Authority: _____

Address: _____

City, State & Zip: _____

Telephone & extension number: _____

Fax number: _____

Name of Portability Officer: _____

I understand that if I chose to remain with the Ocala Housing Authority (**OHA**) I must notify the **OHA** and the receiving housing authority listed in Part II in writing of intent to remain in the **OHA's** jurisdiction. The receiving Housing Authority must notify the **OHA** you did not lease up in their jurisdiction.

If I want to make any changes I understand I must notify both the Ocala Housing Authority and the receiving Housing Authority.

Signature

Date

**Ocala Housing Authority
Section 8 Program
Portability Certification**

Name of transferring family _____

Voucher number _____

Date Voucher was issued _____

Date Voucher expires _____

Move Out Date _____

Date Housing Assistance Payment is stopped _____

Tenant Signature Date

I hereby certify that the above reference family is:

- Eligible to exercise the portability feature of their Housing Choice Voucher
- Has completed the request for portability

PHA Signature Date