Indiana Housing & Community Development Authority

REQUEST FOR PORTABILITY FORM

I, _____, am requesting to use my right to portability so that I can move to _____ (specify city or county & state).

Housing Authority Name: _____
Contact Person: _____
Contact E-mail: _____
Contact Fax #: (_____)_____

Tenant Name: S _____
Phone Number: (_____)_____
E-mail: _____
Mailing Address: _____

I will be vacating my current unit on ____/____/_____, and I understand that my landlord will not be receiving housing assistance payments on my behalf from IHCDA after this date. Please check one:

- ☐ I am terminating my lease early (REQUIRED: Attach mutual termination agreement)
- ☐ I am leaving at the end of my lease
- ☐ I am a new voucher recipient and do not currently receive rental assistance

Tenant Signature: _____ Date _____
Housing Specialist Signature: _____ Date _____

Below Checklist to be completed by Housing Specialist

- ☐ Last Annual Recertification Completed ___/___/_____ (must not be due within 120 days of port)
- ☐ Agreement to Terminate Lease Completed and signed by tenant and landlord (if applicable)
- ☐ Portability Packet Complete:
  - o Family Portability Information (form HUD-52665 Part I)
  - o Voucher (form HUD-52646)
  - o Most recent Family Report (form HUD-50058) with payment information (interim or annual)
  - o EIV Income Report
  - o Confirmation E-mail from IHCDA HCO Financial Analyst of either "No Debt Owed" or "Current/Good Standing in Repayment"
  - o Further Income Verification, if necessary (eg. SSA Award Letter, Recent Consecutive Pay Stubs, etc.)
  - o Photo ID for adults in household
  - o Birth Certificates and Social Security Cards
  - o Other _____

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State of Indiana
Lieutenant Governor
Suzanne Crouch

EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY

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