

# Housing Authority of the City of Natchitoches

P.O. Box 754      536 Culbertson Lane      Natchitoches, LA 71458  
Phone: (318) 352-9774      FAX: (318) 357-8064      Email: natchitocheshousing@outlook.com

## Request for Portability

In order to use the portability option to move to another jurisdiction, you must use this form so that a Portable Voucher packet can be prepared and transferred to the Housing Authority that serves the area where you want to go. Please complete the following steps;

1. You must fully complete this portability request form.
2. The owner or authorized agent must sign this form to acknowledge that you have provided proper notice to move.
3. Next you will need to sign a Portable Voucher that your current Housing Manager has prepared for you.
4. Once you have signed the voucher, the portability paperwork will be sent and you will need to contact the receiving Housing Authority to find out what they require for their intake process. Provide the new housing authority all Birth Certificates and Social Security cards for household members, and valid photo IDs for all members age 18 and older. The receiving housing authority may require additional documents.

**Owner/Agent certification:** This tenant has provided proper notice of Intent to Move and is in good standing at the time of form completion.

\_\_\_\_\_  
Print Owner or Company name

\_\_\_\_\_  
Owner's or Authorized Agent's Signature

\_\_\_\_\_  
Date

**TENANT NOTE:** If you vacate the unit ***after*** this form is submitted, and still owe the landlord for any rent or damages, you will be considered "Not in good standing" and your voucher will be terminated.

**Tenant's Contact Information:** This provides the receiving housing authority a way to contact you throughout the process.

Name *(Please Print)*: \_\_\_\_\_

Contact address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

The last day of residency in my currently assisted unit will be: \_\_\_\_\_

### **I want to exercise my Portability option and transfer my Housing Choice Voucher to;**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

*Cancellation of a Portability Request in progress must be submitted in writing.*

*Received by HACN*