

Saint Joseph County Housing Authority

107 W Center St PO Box 425 North Liberty, IN 46554

Phone: 574-656-3545 Fax: 574-804-1005 Email: office@sjcha-in.com

Ingrid Reese, Executive Director

PORTABILITY REQUEST FORM

All transfer forms must be received 45 days prior to the date of the requested transfer. The family is responsible to issue a notice in writing, sending one copy to the landlord and one copy to Saint Joseph County Housing Authority

A family may be ineligible to move units under the following conditions:

- 1. Family has moved within the last 12 months
- 2. Family owes unpaid rent
- 3. Mutual Recission of Lease has not been submitted
- 4. Family owes any other outstanding debts to SJCHA
- 5. Family has lived in SJCHA jurisdiction less than 12 months
- 6. Damages to present unit exceed deposit

We will contact you once the Housing Authority you are requesting to transfer responds to our request for information.

Part 1: To be completed by Housing Choice Voucher Participant

TENANT FULL NAME:

Phone:	email:		
Have you given your landlord the Agreement for Mutual Recission form?		YES	NO
Have you given a copy of the Agreement for Mu YESNO	tual Recission form to SJCH.	A (after the lan	ndlord has
Are you currently being evicted? YES	NO		
I request to transfer/port-out my Section 8 Vouch	her to the following location:		
Housing Authority:		-	
Contact Person:			
Address:			
City/State/Zip:			
Telephone number: Fa	X:		
Date I will be vacating my current unit:		-	

Your portability paperwork will not be processed until we have received a copy of your Agreement for Mutual Recission completed by you and your landlord. All transfer forms must be received at least 45 days prior to the date of the requested transfer. The family is responsible to issue a notice in writing, sending one copy to the landlord and one copy to Saint Joseph County Housing Authority.

Please email or fax completed form to SJCHA: mail@sjcha-in.com or 574-804-1005

TENANT SIGNATURE

Date

Part 2: To be completed by SJCHA

Agreement for Mutual Recission of the lease effective date:

Owner Certifiation of Good Standing has been completed:

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.