



# Saint Joseph County Housing Authority

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

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Ingrid Reese, Executive Director

TENANT FULL NAME: \_\_\_\_\_

TENANT ADDRESS: \_\_\_\_\_

TENANT PHONE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_, have changed my mind and I no longer want to port out of the  
(NAME)

Saint Joseph County Housing Authority's jurisdiction and I wish to remain in my unit.

I understand I may request to port out again in 12 months.

I will continue to fulfill the family obligations of the Housing Choice Voucher program.

I HAVE / HAVE NOT contacted my current landlord and made arrangements to stay in my current  
(circle one)  
unit.

I understand I may need to complete my annual re-certification at the housing authority and will submit the  
documentation needed ASAP.

Signature:

\_\_\_\_\_

TENANT SIGNATURE

\_\_\_\_\_

DATE

*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.*