WASHINGTON COUNTY
OREGON

Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

REQUEST FOR PORTABILITY

Part 1 – Your Current Information

Name of Head of Household: _____

Current Address: _____

_____

Daytime Phone: _____ Email: _____

Part 2 – Your Move

Planned Date of Move: _____

Your Forwarding Address: _____

_____

Emergency Contact *(who will know how to contact you after you move)*:

Name: _____ Phone Number(s): _____

Part 3 – Your New Housing Authority

New Housing Authority: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____ Email: _____

Part 4 – Certification

By my signature below, I certify that I understand that funding for the Housing Choice Voucher program is limited by the US Department of Housing and Urban Development (HUD) and HUD does not guarantee funding for all families possessing a Voucher. The mission of the Department of Housing Services of Washington County is to assist eligible families in its jurisdiction. The Department of Housing Services will continue to make its mission a priority and direct its resources towards meeting that goal. The Department of Housing Services will monitor the HCV program's financial position. If the Department of Housing Services determines that Portability has a significant negative impact to its program, I will be notified in writing if the determination will have an impact on my assistance.

I also understand that I should be prepared to pay rent on my own in my new location if I choose to move into a unit before the Portability process is completed and I am leased up at my new housing authority.

_____ _____

Signature of Head of Household Date

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Equal Housing Opportunity