Indianapolis Housing Agency
1935 North Meridian Street
Indianapolis, IN 46202
Phone: (317) 261-7200 Fax: (317) 261-7265

PORTABILITY REQUEST

This form is to be used if you wish to move after your first 24 months of participation in the program to a jurisdiction outside of Marion County and wish to continue to use your voucher.

(THIS IS NOT A 30-DAY NOTICE TO VACATE)

Tenant Information:

Name: _____ Client #: _____

Address (city/state/ZIP): _____ Phone: _____

_____ Move-in Date: _____

_____

Portability Information:

City and State you wish to transfer to: _____

Name of Agency you wish to transfer to: _____

Agency Address: _____ Agency Contact Person: _____

_____ Contact phone number: _____

_____ Contact fax number: _____

Owner/Agent Lease Information (to be completed by Owner/Agent):

Name: _____ Phone number: _____

Owner/Agent Address (city/state/ZIP) _____ Fax Number: _____

_____

_____

Does the tenant owe money for delinquent rent or damage? Yes: _____ No: _____

If yes, please write the amount owed. Delinquent Rent: $_____ Damages $_____

Owner/Agent Signature/Date: _____

For IHA Use Only:

Does the Section 8 participant meet the requirements necessary for portability? Yes: _____ No: _____

If not, please explain: _____

_____

_____

DATE OF DETERMINATION: _____ DATE OF CLIENT/OWNER/AGENT NOTIFICATION: _____

Name of Caseworker: _____

Signature of Caseworker: _____ Date: _____

Date Form HUD-52665, family Portability Information Completed: _____

Manager Code for form completion: _____