



# 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: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **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