

Request for Portability to Transfer Out of the Housing Authority of St. Louis County's Jurisdiction

Full Name _____

Social Security # _____

Phone Number _____

Current Address _____ Current Lease Ends _____

I am requesting my voucher to be transferred to:

Name of Housing Authority _____

Address of Housing Authority _____

City, State and Zip Code _____

Contact Person _____

Phone Number _____ Fax Number _____

I UNDERSTAND THAT: Please initial each statement below:

_____ I must contact the receiving housing authority and schedule an income portability orientation appointment and attend that orientation.

_____ I must follow the receiving housing authority's policies and procedures

_____ The HASLC has issued a voucher for the term of 60 days. It is the receiving housing authority's decision to issue any extensions. HASLC does not grant extensions on portable vouchers.

_____ I should be prepared to provide to the receiving housing authority copies of birth certificates, social security cards, a picture ID (all members over 18) as well as income verification.

Client 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.