



ALBANY HOUSING AUTHORITY

Chiquita D'Arbeau, Executive Director

Albany Housing Authority Request for Portability

Name: _____

Current Address: _____

Phone Number: _____

Email address: _____

I wish to have my voucher transferred to the following Public Housing Authority under Portability. I understand that my voucher will be fully extended prior to transferring and I will not be eligible to have it extended further.

I understand that it is my responsibility to contact the Receiving Housing Authority with any questions regarding their policies and procedures. When I choose to move to another jurisdiction, the voucher size (number of bedrooms), rent portion, and reporting requirements may change based on the policies of the Receiving Housing Authority.

I understand that once my approved request is received by my caseworker that it could take up to 10 business days for my voucher to be forwarded to the Receiving Housing Authority.

I understand that the Receiving Housing Authority may require that I attend a briefing prior to issuing my voucher and providing me with assistance.

I understand that if I move into a unit prior to approval by the Receiving Housing Authority that I am responsible for 100% of the rent.

Signature

Date



ALBANY HOUSING AUTHORITY

Chiquita D'Arbeau, Executive Director

Public Housing Authority: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Contact Person: _____