



Housing Choice Voucher Program

Port Out Request Form

Instructions for families who wish to port successfully to another jurisdiction.

1. Submit a sixty (60) Day Notice of Intent to Vacate Form to both the Owner and the Georgia Department of Community Affairs (DCA).
2. If you ported into the DCA from another Housing Authority, your paperwork will be returned to your Initial Housing Authority. The Initial Housing Authority will then have to port your paperwork to the new Housing Authority of your choice. The assigned Housing Specialist will notify you if this applies to you.
3. Complete the Permission Statement for Portability Form on page two. It is your responsibility to obtain all the required paperwork. If all the information is not supplied, this may delay your paperwork being transferred.
4. You will receive a letter in the mail or email advising you that your paperwork has been forwarded to the Housing Authority you listed on the Permission Statement. It is your responsibility to follow up with that Housing Authority to proceed with the Portability process.
5. If you are a HCV Applicant that was selected from the HCV Waiting List, or referred by an approved agency, and the head of household, the spouse or co-head of the family did not have a legal residence within DCA's jurisdiction at the time that the family submitted their initial application for assistance, the family must then lease a unit within DCA's jurisdiction for at least twelve (12) months before requesting to port to another PHA.

Note: If you owe money to the Department of Community Affairs, or your voucher is not in good standing, e.g., lease and HQS violations you will not be approved to port outside of our jurisdiction.



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I, _____, consent to the Department of

Community Affairs (DCA) and the Initial Housing Authority (IHA) to release any information from my file to the Receiving Housing Authority (RHA) to port my housing assistance by using the portability feature of my Housing Choice Voucher. I further understand that if I ported to the DCA from another Housing Authority, my paperwork would be returned to my IHA to port to a new jurisdiction.

I release such person, firm, or agency from any liability regarding furnishing or releasing such information, as it is my expressed consent to make such information available.

A photocopy of the authorization form shall be considered as effective and valid as the original. Please release my information to the following receiving PHA.

Please make sure you complete all required fields upon submittal of the form.

Name of Receiving Housing Authority:

RHA Address:

City, State Zip Code:

Contact Person:

Contact Person Email:

Telephone No:

Fax No:

Please provide your current and forwarding contact information:

Current Address

Forwarding Address

City, State Zip Code

City, State Zip Code

Current Telephone Number

Participant Signature

Email Address