

REQUEST FOR PORTABILITY-OUT OF DCA JURISDICTION

You have notified DCA of your interest in porting out of our jurisdiction. To begin this process, please complete the information below, sign and date it at the bottom, and return the form to the DCA address listed on the bottom of this form. Please note that it is your responsibility to provide DCA with the correct contact information for the Housing Authority to which you would like to port to.

Once DCA receives this completed form:

- You will need to submit the required written notice to your landlord and DCA in accordance with your Lease.
- Upon receipt of this notice, DCA staff will issue a voucher to you, execute all required documents, and transfer all required information to the new Housing Authority.

Name: _____		
Current Address _____ (Street)		
_____ (City)	_____ (State)	_____ (Zip Code)
Telephone Number: _____	FSS Participant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Effective Date of Move: _____		
I am requesting to port my HCV rental assistance to:		
Name of Housing Authority: _____		
Address of Housing Authority: _____ (Street)		
_____ (City)	_____ (State)	_____ (Zip Code)
Telephone Number: _____	Fax Number: _____	
Contact Person at Housing Authority: _____		
Signature: _____		Date: _____

For DCA Use Only:	
<input type="checkbox"/> Approve	<input type="checkbox"/> Denied
Does this participant have a repayment agreement? _____	
_____	_____
DCA Certifying Staff	Date

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