



County of San Diego
HEALTH AND HUMAN SERVICES AGENCY
 HOUSING AND COMMUNITY DEVELOPMENT SERVICES
 3989 RUFFIN ROAD, SAN DIEGO, CA 92123
 (858) 694-4801 • FAX (858) 467-9713

REQUEST TO UTILIZE PORTABILITY

To: The Housing Authority of the County of San Diego

Participant Name: _____

Please transfer my rental assistance to another housing agency (HA). I have decided to move into the jurisdiction indicated below. Please send a copy of my rental assistance records to the following agency:

Name of NEW HA _____

Address of NEW HA _____

City, State, Zip of NEW HA _____

Name of Contact Person of NEW HA _____

Phone number of Contact Person of NEW HA ____ () _____

FAX Number of Contact Person of NEW HA ____ () _____

Phone number where you may be contacted by the new HA ____ () _____

Your email address: _____

I understand this request may take 30 days or more to process.

Signature of Participant

Date

IMPORTANT FACTS ABOUT PORTABILITY

- The NEW HA may have different rules, policies and deadlines.
- There may be different payment standards at the new location.
- You may not pay more than 40% of your monthly income for rent and utilities.
- A different size Housing Choice Voucher may be issued to you.
- If you are a new program participant and have not yet received rental assistance at any location, the income limits of the NEW HA will apply.

RETURN THIS COMPLETED FORM TO YOUR CURRENT HOUSING REPRESENTATIVE

Housing Representative: _____ Phone No. _____

Do you require a specific accommodation to fully utilize the Agency's services? Yes No