



1300 Broad Street N
Jacksonville, FL 32202

Phone: 904-630-3810

JaxHA.org   

Applicant / Participant Portability Request

I, _____, request that the Jacksonville Housing Authority (JHA) transfer my Voucher to the Housing Authority listed below.

Public Housing Authority's Name: _____

Public Housing Authority's State Code: _____

Public Housing Authority's Address: _____

Public Housing Authority's City/State/Zip: _____

Public Housing Authority's Telephone Number: _____

Public Housing Authority's FAX Number: _____

Contact Person (Name and Title): _____

Contact Person's E-Mail: _____

Federal Regulation CFR 982.355(c)(3) specifies the initial HA to obtain written verification from the receiving Housing Authority of their intent to absorb or bill. If absorbing, they can't reverse their decision.

Federal Regulation CFR 982.355(c)(10) specifies that the receiving HA determines the bedroom size per their policy and not the initial Housing Authority.

Federal Regulation CFR 982.355(c)(13) specifies that the receiving HA must issue a voucher, with an expiration date that doesn't expire before 30 days of its original expiration date.

Client's Signature

Date

Email Address

Contact Phone Number

Address _____ City _____ State _____ Zip code _____

Based on the above, if you are eligible, the JHA will contact you for voucher issuance. The required information will be forwarded to the housing authority in the new location, in accordance with your written request and instructions. You will receive written confirmation once your Port-Out Package has been mailed.

The Jacksonville Housing Authority is mandated to utilize Small Area Fair Market Rents.

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia. 