



Housing Authority of the City of Hartford

Housing Choice Voucher Program

180 John D. Wardlaw Way

Hartford, CT 06010

Phone: 860-723-8400

Fax: 860-723-8554

TDD/TTY 1800-842-9710 or 711

PORT-OUT REQUEST FORM

“Portability” means moving from one housing authority’s jurisdiction into another housing authority’s jurisdiction while retaining your Housing Choice Voucher assistance.

In order to be eligible to move with continued assistance through the portability feature, you must be a participant in good standing and meet **ALL** the following criteria:

- Have lived in your current unit for at least a year, except in emergency or abatement cases;
- You must be current with your tenant portion of rent;
- Provide a 30-day intent to move out notice signed by you and your current landlord (attached), except in abatement cases;
- Are not currently in violation of any of the program obligations;
- Do not currently have an Intent to Terminate Notice issued to you;
- Do not have any current tenant-caused HQS violations;
- Cannot owe money to HACH, therefore, if you have a repayment agreement, it must be paid in FULL

If you believe you are eligible to port, and you would like to transfer your housing assistance to a unit in a different housing authority’s jurisdiction, please fill out the form below. Your request will not be processed until HACH received a copy of your intent to vacate notice.

Tenant Information

Head of Household: _____

Current Address: _____

Phone Number: _____ Email: _____

Where would you like to move to? Public Housing Authority (PHA) Information

PHA Name: _____ PHA Code: _____

PHA Address: _____

City: _____ State: _____ Zip Code _____

PHA Contact Person: _____ Email: _____

Telephone Number: _____ Fax Number: _____

If your portability request is approved, we will process your portability documentation, and your program documents will be sent to the housing authority where you will move.

You will need to contact your new housing authority to inquire about any additional requirements that they may have.

I understand that this request is subject to certain eligibility requirements and that it may be denied should I fail to meet these requirements.

Signature of Head of Household: _____ Date: _____