

MOVE REQUEST FORM

It is your responsibility to review your current Lease and determine whether you are eligible to move and the nature of the notification you must provide to any current landlord. Please be aware if you are requesting to move, and are nearing the time of your annual review, you will be asked to wait to submit your request at that time. The security (and any other) deposits required by the Landlord will fully be your responsibility to pay.

☐ Yes, I would like to move ☐ No, I would not like to move

HOH Name: _____ Phone #: _____

Address: _____

Will you require any changes before moving (i.e. income, household members, etc.)? Please explain:

1. **Within Jurisdiction:** ☐ I want to change units but desire to stay in Reading ☐ Not Applicable

Note: We will contact you to set up an appointment for a Briefing. We suggest that you do not begin your search for a new unit until you have attended this appointment.

2. **Port Out:** ☐ I would like to Port Out to another jurisdiction ☐ Not Applicable

Housing Authority: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Contact Person: _____ Email: _____

PLEASE READ CAREFULLY & SIGN:

I certify all statements on this form are true and correct. I understand that the Section 8 office reserves the right to deny any moves/portability based on possible voucher violations. Port outs: I understand that it is my responsibility to provide the Section 8 office with the correct information regarding the jurisdiction into which I would like to transfer. The Section 8 office will not be held responsible for misinformation provided on my part, therefore, it is my responsibility to contact the office as soon as possible if any changes must be made. I understand that once my file is forwarded to the indicated Public Housing Agency I must contact them with any questions regarding the status of my transfer. With my signature, I provide authorization to the Reading Housing Authority to share my information with the indicated Public Housing Agency for portability purposes.

Head of Household Signature: _____ Date: _____

3. **Cancellation of Request:** ☐ Port Out: _____ ☐ Change Units

With my signature, I certify that, I hereby retract my previous request to move.

Head of Household Signature: _____ Date: _____

Inner Office Use Only:

☐ Approved

☐ Briefing scheduled (if applicable)

☐ Date file forwarded (if applicable): _____ ☐ Fax ☐ Postal Mail ☐ Email
(Include: Portability voucher, 52665, 58 form, Income verifications, Family Rent Summary)

☐ Denied

Reason: _____

Housing Specialist's Signature: _____ Date: _____