



MARIETTA HOUSING AUTHORITY

95 Cole Street
Marietta, Georgia 30060
(770) 419-3200 fax: (770) 419-3232 TDD 770-419-3204



Applicant/Participant Portability Request

I, _____, hereby request that the Marietta Housing Authority (MHA) transfer my Voucher to the following location:

ALL of the following information is required. Please print clearly.

Name of PHA: _____

Name of PHA contact person: _____

Email address of PHA contact: _____

Phone # of PHA contact person: _____

Fax number of PHA contact: _____

Mail address of PHA: _____

Certification by Client:

I understand that my Total Family Income and Composition will be re-verified to determine my eligibility for continued assistance. I also understand that a criminal background check will be conducted. In accordance with Program requirement, if I have not complied with HCV requirements or owe MHA money, I will be determined ineligible to port out. Further, if my criminal background check indicates any drug related or violent criminal activity, I will be determine ineligible for further assistance.

(X) _____ Signature Date

Please note: If you are eligible, MHA will forward all the HUD-required information to the Housing Authority you indicated in accordance with this written request. After a reasonable time after you have submitted this form, you should contact the receiving housing authority to learn if they have received your portability paperwork, what their policies are with regard to interviewing and briefing you, and any other questions you may have regarding their program.

During this transition, you may wish to list alternate information to ensure that the new housing authority can reach you.

Forwarding address: _____
Alternate phone number: _____
Email address: _____