



# Davis Community Housing Authority

Telephones  
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## SECTION 8 HOUSING CHOICE VOUCHER PROGRAM PORTABILITY REQUEST TO TRANSFER

| TENANT INFORMATION                                                   |
|----------------------------------------------------------------------|
| Name (please print):                                                 |
| Address:                                                             |
| City, State, Zip code:                                               |
| Phone Number:<br>Cell Number:                                        |
| Portability Date (date that client is moving into new jurisdiction): |

I am requesting that my Section 8 Housing Choice Voucher be transferred to the following agency. I understand that in order to transfer my Voucher, the following agency's Payment Standard must be **EQUAL TO OR LESS THAN** the Davis Community Housing Authority's Payment Standard. I also understand that if the agency I am transferring to **absorbs the Voucher**, I am able to transfer. **Note: Participants who move out of the rental unit in violation of a lease will not be eligible for portability.**

| HOUSING AUTHORITY INFORMATION   |
|---------------------------------|
| Name of Agency:                 |
| Address, City, State, Zip code: |
| Contact Person:                 |
| Phone Number of Agency:         |
| Fax Number:                     |

\_\_\_\_\_

Head of household signature

\_\_\_\_\_

Date

| For DCHA Use Only                                 |
|---------------------------------------------------|
| Voucher expiration date: _____ Issued date: _____ |
| Voucher size: _____                               |
| Name of PHA and person contacted: _____           |
| Action Taken: _____                               |
| _____                                             |
| _____                                             |

