



## JACKSON COUNTY HOUSING AUTHORITY

P.O. Box 1209 • 300 North Seventh Street • Murphysboro IL 62966 • 618-684-3183 • Fax 618-684-3222  
www.jacksoncountyhousingauthority.org

### Request for Portability

HCV participants can utilize portability to move outside of their current PHA's jurisdiction and continue receiving HCV assistance. Participants who did not live in Jackson County at the time they received their voucher must live in JCHA's jurisdiction for 1 full calendar year prior to porting their voucher. PHA's have the authority to deny portability requests if the receiving PHA plans to bill for the participant and such action will cause a financial burden on the initial PHA. Requests will also be denied if participants are not in good standing with their current landlord.

Keep in mind that participants will be subject to any applicable background checks and eligibility requirements for the receiving PHA. Questions regarding this should be directed to the receiving PHA.

Many PHA's require in person interviews for any participants requesting to move to their jurisdiction, so be prepared to travel. It is also recommended that participants visit the area they are interested in porting to prior to making the decision to send their voucher to that PHA to ensure they are comfortable and familiar with the area.

If the portability request is approved, the assigned Coordinator will set up a time for the participant to meet with them to sign their voucher. After that, the appropriate paperwork will be sent to the requested PHA. Following acceptance of the paperwork the receiving PHA will reach out to the participant to move forward in the process.

#### For Participant to Complete:

Name of PHA: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Address of PHA: \_\_\_\_\_  
\_\_\_\_\_

Phone Number of PHA: \_\_\_\_\_

Email for PHA: \_\_\_\_\_

Fax for PHA: \_\_\_\_\_

Is PHA Billing or Absorbing? \_\_\_\_\_

Participant Phone #: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

#### For Current Landlord to Complete:

- Is participant current on rent?  
Yes / No
- Is participant still in a lease?  
Yes / No
- If yes, when does their lease end?  
\_\_\_\_\_
- Are you allowing them to break their lease?  
Yes / No
- If yes, when does their lease end?  
\_\_\_\_\_
- Has participant given you proper written notice  
that they intend to vacate your unit?  
Yes / No

Landlord Printed Name: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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JCHA Official Name: \_\_\_\_\_ JCHA Official Signature: \_\_\_\_\_  
Date Approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_ Date Paperwork Sent to Receiving PHA: \_\_\_\_\_