



Scottsdale Housing Agency  
 Paiute Neighborhood Center  
 6535 E. Osborn Rd., Bldg. 8  
 Scottsdale, AZ 85251-6029

PHONE 480-312-7717  
 FAX 480-312-7761  
 TDD 480-312-7411  
 WEB [www.scottsdaleaz.gov/assistance/housing/voucher](http://www.scottsdaleaz.gov/assistance/housing/voucher)

**PORT OUT REQUEST:** In order to move to another Public Housing Authority's jurisdiction, while retaining your voucher, the head of household must complete and return this form to the City of Scottsdale HCV program along with an Intent to Move form and a 30- day written notice to your landlord.

Tenant Name (Print): \_\_\_\_\_ Date \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Address of new housing authority: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

I understand that to process this request, the City of Scottsdale Housing Agency will forward to the PHA listed on this form any and all paperwork in my client file that it deems necessary. I further understand that this request is subject to certain eligibility requirements by both the City of Scottsdale Housing Choice Voucher Program and the new housing agency, and that my request may be denied should I fail to meet these requirements

Head of Household Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Part II to be Completed by Receiving PHA:** The above referenced Section 8 Housing Choice Voucher participant has expressed transferring their housing assistance to your jurisdiction. Please answer the following questions and fax this form to 480-312-7761. Thank you for your assistance in this matter.

Date received: \_\_\_\_\_ Name/Title of Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Our housing authority is currently: Absorbing or Billing

Our current payment standards are:

1 Bedroom: \$ \_\_\_\_\_ 2 Bedroom: \$ \_\_\_\_\_

3 Bedroom \$ \_\_\_\_\_ 4 Bedroom: \$ \_\_\_\_\_

\*\*\*\*\*

**Part III to be completed by Initial PHA:**

Portability :  Approved  Denied

\_\_\_\_\_  
 Housing Specialist

\_\_\_\_\_  
 Housing Specialist Signature

\_\_\_\_\_  
 Date



Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

REVISED: MARCH 2013 (SHA-33)