

## 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

<u>PORT OUT REQUEST</u>: 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/Sta			
Telephone Number	:	Email:				
Name and Address	of new housing au	thority:				
Telephone Number	· · · · · · · · · · · · · · · · · · ·	Fax:		Contact N	lame:	
I understand that to on this form any and request is subject to Program and the ne requirements	d all paperwork in certain eligibility	my client file that i requirements by bo	t deem oth the	s necessary. I City of Scotts	further understandale Housing Cho	nd that this ice Voucher
Head of Household	******	**********			Date	
Part II to be Completed participant has expressions following questions Date received:	essed transferring and fax this form	their housing assis to 480-312-7761. T	tance t hank yo	o your jurisdi ou for your as	ction. Please answ	ver the atter.
Telephone Number	:		Fax N	Number:		
Our housing author	ity is currently:	Absorbing	or	Billing		
Our current paymer	nt standards are:					
1 Bedroom:	2 Bedroom:	2 Bedroom: \$				
3 Bedroom \$			4 Bedroom: \$ *************			******
Part III to be compl	eted by Initial PHA	<u>4</u> :				
Portability :	□ Approved	□ Denied				
Housing Specialist		Housing Specialist Signature			 Date	

