



Request to Move or Port

Date: _____

_____, Contract #: _____,
Participant Name

Address (Current)

Apt #

City

State

Zip Code

Home Phone (current)

Cell Phone (current)

*If applicable

Forwarding Address

Apt #

City

State

Zip Code

***Required**

I am requesting to (please check one of the options below):

Move within LCHA's Jurisdiction

Port out of LCHA's Jurisdiction

Date you are requesting to move within LCHA's Jurisdiction or port out of LCHA's Jurisdiction (the date must be the last day of the month, and you must give a minimum of 30 days' notice to LCHA): _____

***If you are requesting to port the following is required**

I request that my voucher be transferred to the following jurisdiction:

Housing Authority Name

Housing Authority Address

City

State

Zip Code

Housing Authority Phone #

Fax#

Contact Person Name

Email Address



Please check one of the options below:

- I DO NOT have any changes in my income or family composition
- A request in my income or family composition has been reported.

I am requesting to vacate my unit by date given above and have given my landlord proper notice in accordance with my lease. I am aware that if LCHA finds I am eligible to move or port, no further payments will be made on my behalf. I also acknowledge that if I remain in the unit after the date listed, I must notify Lake County Housing Authority of continued occupancy to release the Housing Assistance Payment (HAP). Failure to do so will result in non-payment of Housing Assistance Payment (HAP). If LCHA determines I am ineligible to move I understand that I must remain in my current unit.

Participant Signature

Date

Owner/Property Manager Signature

Date

Note: If you're requesting to move or port before your current lease is up the owner's signature is required.
