

**TOWN OF HUNTINGTON HOUSING AUTHORITY**

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

**REQUEST FOR PORTABILITY TRANSFER**

**DATE OF REQUEST:** \_\_\_\_\_ **VOUCHER #:** \_\_\_\_\_

**TENANT'S NAME:** \_\_\_\_\_ **CURRENT ZIP:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**LOCALITY REQUESTED (CITY, STATE, COUNTY):** \_\_\_\_\_

**FULL NAME OF RECEIVING HOUSING AUTHORITY:** \_\_\_\_\_

**RECEIVING HOUSING AUTHORITY'S ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**RECEIVING HOUSING AUTHORITY'S CONTACT PERSON & TELEPHONE/FAX#:** \_\_\_\_\_  
\_\_\_\_\_

**TERMS & CONDITIONS**

1. I UNDERSTAND THAT I MUST BE A TENANT IN GOOD STANDING WITH THE LANDLORD AND THE HUNTINGTON HOUSING AUTHORITY AT THE TIME OF MY REQUEST FOR PORTABILITY TRANSFER.
2. I CERTIFY THAT MY RENT IS UP-TO-DATE AND THAT THERE ARE NO PENDING EVICTION PROCEEDINGS AGAINST ME.
3. I CERTIFY THAT MY TOTAL HOUSEHOLD INCOME AND FAMILY COMPOSITION IS CORRECT AND CURRENT.
4. I UNDERSTAND THAT THE HOUSING CHOICE VOUCHER IS NONTRANSFERABLE AND IT CAN ONLY BE USED FOR A PORTABILITY TRANSFER OUTSIDE OF THE HUNTINGTON TOWNSHIP.
5. I UNDERSTAND THAT THE HOUSING CHOICE VOUCHER IS VALID FOR AT LEAST 60 DAYS FROM THE DATE OF ISSUE.
6. I UNDERSTAND THAT I MAY CALL THE RECEIVING AGENCY TWO WEEKS AFTER THE ISSUE DATE OF MY VOUCHER TO VERIFY IF MY RECORDS WERE RECEIVED.
7. I UNDERSTAND THAT I MUST RETURN THE KEYS TO MY CURRENT LANDLORD AND VACATE THE APARTMENT PROMPTLY WHEN THE RECEIVING HOUSING AUTHORITY APPROVES MY PORTABILITY TRANSFER.

\_\_\_\_\_  
**TENANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**