

Port Request Form

Instructions: This form is to request a **port voucher** to lease a unit outside of New York City. Portability is the ability to move with your Section 8 Housing Choice Voucher to housing located outside of the five boroughs of New York City (to port out). For additional information on the port process, please refer to the Port Out FAQ at

<https://www.nyc.gov/assets/hpd/downloads/pdfs/services/port-out-faq-english.pdf>.

In order to be eligible to move with continued assistance from Section 8, you must be a participant in good standing and meet **all** the following criteria:

- You must not have received a move voucher within the last 12 months
- You must have completed an annual recertification within the past 12 months
- You must be current with your tenant portion of rent
- You must have either an expired lease or the ability to obtain a General Release form signed by your current landlord

Clients who are not Section 8 applicants or participants may review the Port Out FAQ for further information regarding eligibility to port. Please complete this form and return to DTR portal at www.nyc.gov/dtrportal, by email to Portability@hpd.nyc.gov, fax to (212) 863-7103, or in person. HPD must review all move requests for eligibility. **This form should only be completed by the Head of Household.** If you have any questions, please call (917)286-4300.

Head of household name: _____ Last 4 of SS#-_____

Current email address: _____

Current address: _____ Current telephone number: _____

Where would you like to move to?

You can search for PHAs through HUD's PHA contact list page at https://www.hud.gov/program_offices/public_indian_housing/pha/contacts. You may also refer to affordablehousing.com which has PHA information. Please list the chosen agency's contact information below.

PHA name: _____

PHA address: _____

PHA contact person: _____ Telephone number: _____

Fax #: _____ Email address: _____

If you do not meet all of the above criteria, but feel you have an emergency situation that requires you to move (such as a domestic violence, health reasons, etc.), please use the space below to indicate your circumstances.

I certify that the above statements are true to the best of my knowledge. I understand that supplying false statements and information can lead to a denial of my port request and jeopardize my housing subsidy.

Head of Household Signature

Date