



PORTABILITY INFORMATION REQUEST

(This box is for CMHA office use only)			CL# _____
_____ 52665	_____ Voucher	_____ 50058	FSS Y or N
_____ EIV	_____ Income		VASH Y or N
_____ Notice to terminate/notice of abatement (for participants)			CHOICE Y or N
Gross Annual Income (for applicants only) \$ _____			

Please complete information below:

Receiving Public Housing Authority: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Please note: The voucher issued by the receiving PHA (RHA) must have an expiration date at least 30 days after the expiration date of the voucher issued by CMHA. While the RHA may provide additional search time according to its existing policies, the billing deadline of 90 days after the expiration of the IHA's voucher remains in effect.

Client Name: _____ Last 4 of SS# _____

Current Address: _____

City, State, Zip: _____

Phone #: _____ Cell #: _____

E-mail Address: _____

Date of Request: _____ Signature _____

Participant Families:

If you are paying water and sewage in your current unit, you will need to supply a current water bill that shows \$0 past due. If you are participating in the FSS program with CMHA, you are required to notify your FSS Coordinator PRIOR to the effective date of your PORT OUT. Failure to notify your FSS Coordinator could result in the forfeiture of your escrow benefits.

Applicant Families (First Time Voucher Holders)

If neither the head, co-head or spouse had legal residence in Hamilton County at the time of their initial pre-application for the HCV Program, the family will not be permitted to exercise portability upon initial issuance of a voucher, unless management approves the request.

RPHA: Is your PHA is () Absorbing () Billing for this client.	
If billing our agency, please submit Tax Payer ID# _____	
Please send billing information to:	
Cincinnati Metropolitan Housing Authority	Phone: 513-977-5800
Attn: Portability Department	Fax: 513-665-2910
1635 Western Ave	E-mail: Stephanie.stacks@cintimha.com
Cincinnati, OH 45214	

HOUSING CHOICE VOUCHER PROGRAM, 1635 WESTERN AVENUE, CINCINNATI, OHIO 45214

Phone: (513) 977-5800 TDD: (800) 750-0750 Website: www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities

Rev 7/7/17