



# PORTABILITY INFORMATION REQUEST

<b>(This box is for CMHA office use only)</b>			<b>CL#</b> _____
_____ 52665	_____ Voucher	_____ 50058	<b>FSS</b> Y or N
_____ EIV	_____ Income	_____ Notice to Vacate	<b>VASH</b> Y or N
			<b>CHOICE</b> 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: \_\_\_\_\_

**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 Cincinnati Metropolitan Housing Authority. 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 \_\_\_\_\_

IF YOU ARE A FSS PARTICIPANT, YOU **MUST** CONTACT YOUR FSS COORDINATOR **PRIOR** TO THE EFFECTIVE DATE OF YOUR PORTOUT.

IF PARTICIPANT OF THE HCV PROGRAM, COPIES OF CURRENT INCOME MUST ACCOMPANY FORM.

<b>(This box is for Receiving PHA Office Use Only)</b>	
Your PHA is ( ) <i>Absorbing</i> ( ) <i>Billing</i> for this client.	
If billing our agency, please submit Tax Payer ID# _____	
<b><u>Please send billing information to:</u></b>	
Cincinnati Metropolitan Housing Authority	Phone: 513-977-5800
Attn: Portability Department	Fax: 513-665-3140
1635 Western Ave	E-mail: PORTS@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

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