



Housing Authority of the City of Reno

PORTABILITY REQUEST FORM

The following household has requested to take their voucher portable to your jurisdiction. Please indicate below whether you will be billing or absorbing this client.

- Our agency will bill for this client. Our agency will absorb this client.

Please return this letter to portability@renoha.org or via fax to 775-786-1712.

Print Name of Head of Household: _____ Phone: _____

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

I understand it may take up to 5 business days for the RHA to send my paperwork to the new Housing Authority.

I understand I am responsible for contacting the new Housing Authority to notify them of my intent to utilize my voucher in their jurisdiction and to arrange any briefings or interviews they may require.

I understand that RHA will be assisting me at my current unit through _____ and that the new Housing Authority will not be able to begin assisting me in their jurisdiction until _____.

I understand that the RHA may not extend my voucher.

I understand that if I no longer want to move to the below jurisdiction, I must notify both Housing Authorities of my decision. If I decide to utilize my voucher in a different jurisdiction outside of Washoe County, I must make the request in writing.

Signature

Date

New Housing Authority: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

Telephone: _____ Fax: _____