

**THE HOUSING AUTHORITY OF THE CITY OF AUSTIN
FAMILY REQUEST FOR PORTABILITY**

Part I- Completed by Family

Date: _____
Family Name: _____ Client # _____
Address: _____
Telephone #: Home _____ Work _____

Area you wish to move to:
City _____ State _____

Name of Housing Authority _____
Address: _____
Phone Number _____ Contact _____

Signature of Family _____ Date: _____

Part II- Completed by Transfer Specialist

To Receiving PHA: The termination of existing contract/lease _____
Earliest possible effective date of new contract/lease _____

Verified tenant owes no money to The Austin Housing Authority: _____ (initial/date)

Verification of Telephone Contact to Receiving PHA:

Date: _____

Name of Receiving PHA _____

Person Contacted _____ Phone # _____

Address: _____

Comments: _____

Income eligibility verified (if required) _____ (initial/date)

Receiving PHA 80% of median income based on family size \$ _____

Documents mailed:	Completed form HUD-52665	_____ (initial/date)
	Current 50058	_____ (initial/date)
	Income verification for current 50058	_____ (initial/date)
	Contract placed on hold / terminated	_____ (initial/date)
	Notes updated	_____ (initial/date)

Transfer Specialist's Signature

Date