

WHEDA HCV Program Household Moving and Portability Request Packet

IMPORTANT:

- Households who want to move to a new unit with continued federal rental assistance on the HCV Program **MUST** complete our Moving Request Form.
- Move requests should be made **PRIOR** to moving out of your federally assisted unit, and at least 30-60 days in advance to comply with your lease requirements.
- All moves **MUST** be approved by your PHA beforehand to ensure that your household does not violate your household responsibilities on the HCV program.
- Moving without PHA approval, or housing provider approval, could mean that your household loses your HCV program federal rental assistance.
- Your PHA will be contacting your housing provider once you submit this moving request form to confirm that your household has not violated the terms of your lease or any household responsibilities on the HCV program.

Reminder

Move- refers to a participant wishing to relocate from one rental unit to another, but within the same Public Housing Authority (PHA) service area.

Portability (Port/Transfer)- is the process of transferring your household's Housing Choice Voucher (HCV) to a different Public Housing Authority (PHA), either within the state of Wisconsin or to another location in the United States.

Although WHEDA has statewide jurisdiction, we reserve the right to transfer a household's voucher to another PHA within Wisconsin on a case-by-case basis

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Household Moving Request Form

Head of Household Name: _____

Current Unit Address: _____
 Street and Unit # City State Zip

Current Phone Number: _____

Current Email Address (Optional): _____

Date your household intends to move or did move: _____

Type of Move Requested:

- ☐ Move – Remain within PHA service area
- ☐ Port – Port outside PHA service area (COMPLETE NEXT SECTION):

Where does your household intend to move to (County and State Required):_____

(If you are moving out of state and there is more than one PHA in the new county, then we will provide you with a list and your household will choose which PHA to work with, or we can choose for you [24 CFR 982.255 (b)].

Reason for the move (just a brief reason is requested): _____

Is your household current on Rent and Utility payments at your current unit? (No money owed to utility company or landlord)

- ☐
- Yes
- ☐
- *No

*If No, please explain: _____

Is your household facing a court ordered eviction from your current unit?

- ☐ *Yes ☐ No

If Yes, please explain: _____

Head of Household Certification

Signing this moving request form certifies that the information provided is true and accurate to the best of your knowledge. You also understand that this is the first step in the HCV program moving process and that your PHA has 10 business days to either approve or deny your move request. Move requests that require portability will entail additional steps and your household will be working with a different PHA once a moving voucher is issued.

Head of Household Signature

**Date Signed**

Portability Request Form

Receiving PHA	Initial PHA
To: _____	From: _____
Fax: _____	Fax: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Date: _____

Subject: Portability

WHEDA recently received a portability request form from one of our Housing Choice Voucher (HCV) participants. Please complete the following information and fax it back to this agency as soon as possible.

Head of Household Name:	Voucher Size:	Voucher Expiration Date:
PORTABILITY USE ONLY		
State:	County:	City:
Name and Address of Receiving Public Housing Authority (PHA):		
Receiving PHA Phone #:	Receiving PHA Fax #:	Portability Officer Name:
<input type="checkbox"/> Receiving PHA will absorb		
<input type="checkbox"/> Receiving PHA will bill **		
** If billing, payment standard for applicable bedroom size \$ _____		
• Administrative Fee \$ _____ Port Fee \$ _____		
• Tax ID # _____ HA # _____		

INTERNAL INITIAL PHA USE ONLY	
Date of Approval: _____	
Date of Denial: _____	
Date paperwork sent to receiving housing authority: _____	
Initial PHA Specialist Signature: _____	Date: _____