

MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VI

P.O. Drawer 8746
JACKSON, MS 39284
FAX 601-373-9292

TELEPHONE (601) 373-7040

TTY (601) 714-3995

OUTGOING PORTABILITY TRANSFER REQUEST
(A request to move also must be attached)

Date: _____

Tenant Name: _____

Is requesting to transfer MRHA 6 Section 8 HCV to another Housing Authority. Please complete this form. If this form is incomplete or we are unable to read it, your request will be delayed. **PLEASE PRINT CLEARLY.**

Full Name: _____

Social Security No.: _____ Daytime Phone: _____

Current Address: _____

Current Email Address: _____

I am requesting my Section 8 HCV be transferred to:

Name of Housing Authority: _____

Mailing Address of Housing Authority: _____

City, State & Zip Code: _____

Contact Person: _____

Phone: _____ Fax: _____

Email Address for Housing Authority: _____

Please read and initial the statements below:

I UNDERSTAND THAT I MUST:

- If you wish to continue participation in the FSS Program or would like to enroll in the FSS Program you must contact the FSS Department at the receiving housing authority
- Contact the receiving housing authority & schedule an incoming portability appointment.
- Follow the receiving housing authority's policies & procedures.
- MRHA VI has issued a voucher for 120 days. It is the receiving housing authority's decision to issue any extensions.
- I must provide the receiving housing authority with copies of birth certificates, social security cards and current income verification for all family members.

Client Signature

Date