

1420 Fuller Ave. SE | Grand Rapids, MI 49507 (616) 235-2600 | www.grhousing.org

PORTABILITY REQUEST FORM

Part 1: To Be Completed by Section 8 Partici	pant		
Name:	S.S. # :		
Phone #:	S8 Coordinator:		
Have you given your landlord the Intent To Vaca	ate - 30-day notice form?	□ YES	□ NO
Have you given a copy of the Intent To Vacate -	30-day notice		
to your coordinator (after landlord has comple	eted)?	\square YES	\square NO
Are you currently being evicted?		□ YES	□ NO
I request to transfer/port-out my Section 8 Vo	ucher to the following lo	ocation:	
Housing Authority:			
Contact Person:			
Address:			
City/State/Zip:			
Telephone Number:	Fax Number:		
Date I will be vacating my current unit	:		
Your portability paperwork will not be process Intent To Vacate – 30-Day Notice completed by Please fax completed form to G Grand Rapids Housing Commission 1420	y you and your landlor RHC: 616-235-2660 or	d. mail to:	·
I understand that I will be responsible for any: B Verification and Medical Verifications needed by		•	s, Income
Signature of Head of Household	Date		
Part 2: To Be Completed By PHA The S8 Participant has provided a Intent To Vacalease effective date:		tual rescission	on of the