**REQUEST TO TRANSFER (PORT) VOUCHER OUT OF HOMEFRONT’S JURISDICTION**

Date: / /

Full Name:

Last 4 of SSN:

Day Time Phone #:

Your current mailing address:

I am requesting my voucher be transferred to (please see your housing specialist if you need assistance):

Name of Housing Agency:

Address:

Contact Person:

Housing Authority Phone Number:

Housing Authority FAX Number:

**I UNDERSTAND THAT: *Initial each statement.***

 I must contact the receiving Housing Authority and schedule and incoming portability orientation appointment AND attend that orientation.

 I must follow the receiving Housing Authority’s policies and procedures.

 I should be prepared to provide the receiving Housing Authority copies of social security cards, birth certificates, photo identification (for all members 18 and over), income and asset verification.

Signature Date

**FOR OFFICE USE ONLY: MT Housing/MDOC** – submit request to MT Housing/MDOC

**HAB**: Approved Denied, reason for denial:

Copy of approval/denial sent to family on: . by