



Housing Authority of Bexar County (HABC)

1954 E. Houston Street, Suite 104 • San Antonio, Texas 78202

Phone: (210) 225-0071; Fax: (210) 225-6976

PORTABILITY TRANSFER REQUEST

Date: _____ Last 4 SSN: _____

Client name: _____ Ph#: _____

Current Mailing Address: _____

Please transfer my HCV to: _____

Contact Person: _____ Email: _____

Phone #: _____ Fax #: _____

Please read and initial the statement below:

I understand that I must:

_____ Contact the receiving Housing Authority & schedule an incoming portability appointment.

_____ Follow the receiving Housing Authority's policy & procedures. This may result in different Bedroom size and/or change to the payment standard.

_____ HABC has issued a voucher for (60) days. Per CFR 982.355 (b). It is the responsibility of the Receiving PHA if they extend or suspend the voucher.

_____ HABC will pay housing assistance payment to your landlord until _____. If I am going to be in the unit longer than expected, it is my responsibility to pay the landlord.

_____ I must provide the receiving Housing Authority with copies of birth certificates, SS cards, ID's, Current income & assets for all family members and any other information they may request.

_____ I am aware and understand that the portability process can take up to 10 to 15 business days to process.

Signature _____ Date _____

For the receiving Housing Authority: (Please fill out and return)

_____ WILL ABSORB _____ BILLING

Signature _____ Title: _____

Email: _____ Phone# _____ Fax# _____

PHA _____ / ID# _____ / FEE \$ _____