



**ERIE METROPOLITAN HOUSING AUTHORITY**

**Housing Choice Voucher Program (Section 8)**

**322 Warren Street; Sandusky, Ohio 44870**

**Telephone: (419) 625-0262 Fax: (419) 625-0410**

**PORTABILITY TRANSFER REQUEST FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

I, \_\_\_\_\_, am requesting that the Erie Metropolitan Housing Authority (EMHA) transfer my Housing Choice Voucher (HCV) to the following Public Housing Agency (PHA):

PHA Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

I understand that my total family income(s) and composition will be re-verified for relocation purposes to determine my eligibility for such relocation. I understand my voucher size may change according to the receiving PHA's policies.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date