



ERIE METROPOLITAN HOUSING AUTHORITY

CENTRAL OFFICE
PH: 419-625-0262
FAX: 419-625-0410

ERIE COUNTY
SENIOR CENTER
419-626-2560

322 Warren Street • Sandusky, Ohio 44870
eriemetrohousing.org

PORTABILITY TRANSFER REQUEST FORM

CLIENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL: _____

I, _____, am requesting that the Erie Metropolitan Housing
(PRINTED CLIENT NAME)
Authority (EMHA: Initial PHA) transfer my Housing Choice Voucher (HCV) to the following Public
Housing Agency (Receiving PHA):

PHA NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

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 and payment standard may change according to the receiving PHA's policy. I also understand that a relocation means I will get a thirty (30) day extension to my voucher.

CLIENT SIGNATURE

DATE

Innovators and Managers of Affordable Housing