



249 Milbank Avenue, Greenwich, CT 06830
Phone: 203-869-1138 Fax: 203-869-2037

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Port Out Requests

If you reside within the jurisdiction of Greenwich Communities, you are eligible for portability. Portability means you are allowed to move your Section 8 / Housing Choice Voucher to another City. The Receiving Housing Authority (RHA) will then administer your voucher in a new unit under the tenant based program

Portability procedures

The Head of Household must:

1. Submit a written request to send a Portability Packet to another jurisdiction. It is suggested that you submit the request as soon as you start looking in another area. It has been our experience that the transfer goes more smoothly when the form is submitted at least 30 days before the expiration of your Voucher.
2. Give thirty day, written notice to your current landlord, and provide this office with a copy of the notice.
3. Have the current landlord complete and sign the *Tenant in Good Standing* letter
4. You must be income eligible for admission to the area where you are relocating. Income information used to determine eligibility cannot be more than 90 days old. If you have not updated income information in more than 90 days, be prepared to submit current info with the request for portability.
5. Make an appointment to sign your portable voucher

The Section 8 Dept. at Greenwich Communities will:

1. Submit all HUD forms and supporting documentation to the receiving Housing Authority.

The Receiving Housing Authority or city you port to will:

Perform the following program functions, including:

- o Billing us, or absorbing you
- o Will Issue you a new voucher for their jurisdiction
- o Will determine if they will administer or absorb the voucher into their program
- o May determine whether to extend your voucher
- o Determines your unit size in accordance with their subsidy (occupancy) standards
- o May make a determination to deny or terminate assistance. You must be income eligible for admission to the area where you are relocating.

Portability will be disallowed:

- o During the initial 12 month term of a lease.
- o If the family is in violation of any family obligation
- o If the family owes money to the landlord or housing authority.

If you are interested in moving to another area, you should contact that area to find out their portability procedures (needed information, interview dates, payment standard amount, income limits etc.) Payment standards are available on the HUD website at: <https://www.huduser.gov/portal/datasets/fmr.html#2023>



FAMILY REQUEST FOR PORTABILITY

PART 1 (To be completed by Head of Household)

VOUCHER () DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: (Home) _____ (Work) _____

Signature: _____

Complete the following information on the area you want to move to under portability option:

.....

Name of Housing Authority _____

Street Address : _____

City: _____ State: _____ Zip Code: _____

Telephone # _____ email _____

Name of Portability Officer: _____

HOUSING AUTHORITY USE ONLY:

.....

Approved () Denied ()

Date sent to receiving PHA: _____

Receiving PHA will: Absorb () Administer and bill ()

Portability Officer: _____

RETURN COMPLETED FORM TO: MS. MURPHY, PROGRAM MANAGER SECTION 8 – LMURPHY@GREENWICHCOMMUNITY.ORG



Declaration of Tenant in Good Standing (to be completed by Landlord)

Landlord Name _____

Address _____

City _____ Zip _____

Phone _____ email _____

HOUSEHOLD COMPOSITION (*List all people currently living in household*)

Name of Family Member	Relation to Head
	HEAD

Check one:

This is to declare that my tenant listed above, who lives at _____ is: (check one)

_____ **IS** a tenant in good standing; owes no monies for rent or damages at this time and is in compliance with **all** the terms of our lease, and has provided the required 30 day notice of intent to move

_____ **IS NOT** a tenant in good standing for the following reasons:

Certification

I/We certify that the information given to the Housing Authority of the Town of Greenwich concerning household is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are grounds for termination of housing assistance and program participation. WARNING: Title 18, Section 1001 of the U. S. Code provides, among other things that a person is guilty of a felony for knowingly and willfully making or using a document or writing containing false, fictitious or fraudulent statements or entries in any matter within the jurisdiction of a department or agency of the United States and shall be fined not more than \$10, 000 or imprisoned for not more than five years or both.

Landlord/agent

Date

Please print name of signatory

AREA PORTABILITY INFORMATION

Housing Authority of **Stamford** d/b/a
Charter Oak Communities
22 Clinton Avenue
Stamford CT 06901



203-977-1400 ext. 3314



203-977-1495



EPoole@CharterOakCommunities.org



Edward Poole - HCV Clerk

Bridgeport Housing Authority d/b/a
Park City Communities
150 Highland Ave
Bridgeport, CT 06604



203-337-8900



914-920-3044



Section8@parkcitycommunities.org



Jocelyn Toomer

Norwalk Housing Authority
24 ½ Monroe St
Norwalk, CT 06854



203-654-1836



203-838-6535



aDeLaCruz@norwalkHA.org



Anabell De La Cruz

CVR New York, HCVP – **Westchester County**
112 E. Post Road Suite #102
White Plains, NY 10601



914-995-5623



914-920-3044



NYportability@CVRnewyork.com



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