

PORTABILITY

The Carlsbad Housing Agency administers the Rental Assistance Program only for the City of Carlsbad. Therefore, if you are moving to an address that is not within the City of Carlsbad, you must request to have your rental assistance transferred to the Housing Agency that serves the area in which you are planning to live. This is called "portability."

To use the portability feature of your rental assistance, the following information must be submitted to your Housing Specialist:

- Submit a written notice to vacate your current unit. The notice must provide at least 30 days prior notice to this office and owner/agent.
- You must complete and return this portability form.
- Sign a Housing Choice Voucher.

Your paperwork will be transferred to the Housing Agency you have listed below. *Once your paperwork is transferred, the Carlsbad Housing Agency will no longer be able to assist you regarding the processing of your case.* You must contact your new Housing Agency for information regarding the following:

- Processing time of paperwork and program orientation.
- Questions regarding your subsidy size and inspection date.
- Information about the Payments Standards (rents) for that area.
- Income limits for the Housing Agency.

Please be prepared to pay full rent until the process is completed.

NOTE: YOU WILL NOT BE GIVEN AN EXTENSION ON YOUR VOUCHER WHILE WE PROCESS YOUR PORTABILITY. YOU ARE ASKED TO USE YOUR TIME WISELY, AS YOUR VOUCHER WILL EXPIRE ON THE 120TH DAY.

REQUEST TO UTILIZE PORTABILITY

I, _____ hereby request that the City of Carlsbad Housing Agency transfer my Section 8 Rental Assistance Program to the following Agency:

Oceanside H.A. Encinitas H.A. San Diego County H.A. San Diego Housing Commission National City H.A.

New Agency's Name: _____

Address: _____

Contact Person's Name: _____ Telephone: _____

My forwarding information:

Address: _____ City/ST/Zip: _____

Telephone: _____

I understand that it is my responsibility to notify the new Housing Agency, in writing, of changes in income, family composition, or mailing address.

Your signature below acknowledges your request to utilize portability.

Signature

Date

Q :HSG :PORT REQUEST 08/15