

PORTABILITY REQUEST

Portability is available to families in good standing with the South Sioux City Housing Agency who 1) have completed at least the first year of their lease or 2) have a **legal domicile** in South Sioux City at the time they applied.

State law defines legal domicile as a legal residency in South Sioux City for 12 consecutive months. This would not include a residence in a shelter or transitional housing facility.

An applicant requesting portability will be asked to provide proof of a legal domicile in South Sioux City. Examples of proof would be: a copy of a lease; proof that you have had utilities in your name for at least the past 12 months at a South Sioux City residence; a statement from a third party such as your caseworker at DHS that you have resided in South Sioux City for the past 12 months. Please remember that these are simply examples and other proof may be accepted.

If you are a new applicant, please attach proof of legal domicile to this request.

If you are a current participant, it will be necessary for you to provide evidence and give HA proper notice that you have legally terminated your current lease and re-certify as to your household members and income.

PLEASE COMPLETE

DATE _____

Name (Print): _____
Current Address _____
Telephone Number _____

To avoid confusion, especially when moving to a larger city, you need to consider carefully which Housing Agency of South Sioux City Agency you desire your Voucher to be sent. For example in Siouxland, there is the Sioux City Housing Authority City Housing Authority, the South Sioux City Housing Agency, and the Siouxland Regional Housing Authority (for rural Sioux City). In larger communities, there can be many housing authorities and you want to be able to re-establish your home as quickly as possible so we want to make sure that we send your Voucher where you really want to go.

List the City and State that you wish to relocate to, along with the name, address and telephone number of the Housing Agency in that jurisdiction.

I request portability to the following location:

Housing Agency: _____
Address: _____
City/State: _____
Telephone Number: _____
Contact Person (if known): _____

Signature: _____

Date of contact: _____
Person Contacted: _____
Will Receiving PHA: _____ Administer & Bill _____ Release