

# Housing Authority of the County of Santa Barbara

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## Portability Request Form

t-code: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
(Please Print)

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

Where you want to move to: (City) \_\_\_\_\_ (State) \_\_\_\_\_

Are you an FSS Participant?            YES            or            NO            (Please circle one)

*I understand that this form must be submitted with complete and accurate information. I further understand that the Housing Authority of the County of Santa Barbara requires a minimum of 10 business days to process this request and mail to the receiving Housing Authority. **IF an FSS Participant:** I understand that by signing this form, the receiving H.A. may allow me to participate in its FSS program, but is not obligated to accept the FSS transfer request. I understand that if the receiving H.A. selects not to accept the FSS transfer, the HACSB may terminate my FSS Contract and forfeit any funds held in my FSS Escrow Account. I understand that a relocating FSS family may continue in the HACSB's FSS program only if the family can demonstrate to the HACSB that they are able to fulfill their FSS responsibility under the contract with the receiving H.A.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **H.A. Admin Use ONLY:**

Name of Receiving Housing Authority: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ PHA Code# \_\_\_\_\_

Name of Portability Intake Contact Person: \_\_\_\_\_

Date Sent Inquiry to Receiving HA- If Absorbing or Administering: \_\_\_\_\_

Date Received Written Notice of Intent to Absorb or Administer: \_\_\_\_\_

Is Receiving HA Absorbing or Administering? \_\_\_\_\_

***Approved    or    Denied    (Circle One)***

***Signature of HA Official:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_