REQUEST TO PORT OUT

Tenant Code: ________________

Housing Specialist Name: ________________________________

I, ____________________________________________________________________,
(print the Head of Household Name)

am requesting to port to the Housing Authority listed below:

Name of Housing Authority (REQUIRED)
Portability Contact Name (if known)
Email Address (if known)
Phone Number (if known)
Fax Number (if known)

Please Do Not Serve A Notice To Move Until You Have Received Authorization From The Housing Authority or If You Have Attended a Mover Session.

If You Have Received A Notice To Move From Your Landlord, Please Attach The Notice To This Document When You Submit It.

You will receive a MOVER DENIAL NOTICE for the following reasons:
1. If you have a pending annual / interim recertification
2. If you owe money to a PHA
3. If you are in the first year of the lease
4. If there are outstanding tenant-caused failed inspection items
5. If this form is NOT complete.

<table>
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<tr>
<th>Voucher Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<td>SHRA Payment Standards</td>
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<td>$1,194</td>
<td>$1,738</td>
<td>$2,104</td>
<td>$2,418</td>
<td>$2,734</td>
</tr>
</tbody>
</table>

Signature: ___________________________ Date: ________
(Of head-of-household)

Tenant’s Phone Number: _____________