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STATE OF HAWAII
HAWAII PUBLIC HOUSING AUTHORITY
1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
HONOLULU, HAWAII 96817

VOLUNTARY PORTABILITY

Name (Last, First) _____ Last four of SSN _____

Phone _____ Email _____

I, the above-named person, request that Hawaii Public Housing Authority transfer my Housing Choice Voucher (HCV) Section 8 to the below named housing agency and I authorize the HPHA to share any information in my tenant file with the named housing agency below in order to facilitate this request.

I understand that I need to contact the receiving housing agency myself to complete the portability process. I understand the receiving housing authority may have different payment standards and policies that I will be required to comply with. Their intake and inspection procedures will add more time to my moving process. I understand I must plan my move accordingly and make sure my new landlord is aware of my time restrictions.

Name of receiving housing agency: _____

Address _____ City, State _____

When are you moving out of your home in Hawaii? _____

I understand that if I move into my new home prior to this date (or the updated move out date on file with HPHA), I will be responsible for any overlapping rent. I agree to reimburse Hawaii Public Housing Authority for this double subsidy immediately upon notice and understand that failure to repay a double subsidy may result in the termination of my voucher.

Remember to give your current landlord proper notice of your intent vacate your unit.

I understand that by signing this statement, I will adhere to its content.

Participant Signature _____ Date _____

HPHA Staff Signature _____ Date _____