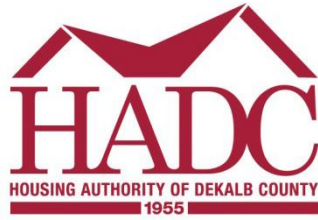


TEL: 404-270-2500  
FAX: 404-270-2550  
HOUSING CHOICE VOUCHER FAX:  
404-270-2643  
[www.dekalbhousing.org](http://www.dekalbhousing.org)

750 Commerce Drive  
Suite 201  
Decatur, Georgia 30030



## Port Out Request Form

Instructions for families who wish to port successfully to another jurisdiction.

1. Submit a 60 Day Notice of Intent to Vacate Form to both the Owner and the Housing Authority of DeKalb County.

If you ported into the Housing Authority of DeKalb County from another Housing Authority, your paperwork will be returned to your Initial Housing Authority. The Initial Housing Authority will then have to port your paperwork to the new Housing Authority of your choice. The assigned Portability Specialist will notify you if this applies to you.

2. Complete the Permission Statement for Portability. It is your responsibility to obtain all of the required paperwork. If all of the information is not supplied, this may delay your paperwork being transferred.
3. Next, the Portability Specialist will update your profile, coordinate a time in which you will be briefed, and issue you your voucher.
4. You will receive a letter in the mail advising you that your paperwork has been forwarded to the Housing Authority you listed on the Permission Statement. It is your responsibility to follow up with that Housing Authority to proceed with the Portability process.

**NOTE:** Please be advised that if you owe money to the Housing Authority of DeKalb County, or you have outstanding tenant repairs on your inspection, you will not be approved to port outside of our jurisdiction.

**Housing Authority of DeKalb County  
Permission Statement and Authorization for Portability**

I, , Voucher No.:

hereby give permission and consent to the Housing Authority of DeKalb County and/or the Initial Housing Authority, to release any information from my file to the receiving Housing Authority for the purpose of transferring my housing assistance using the portability feature of my voucher. I further understand if I ported to the Housing Authority of DeKalb County from another Housing Authority, that my paperwork will be returned back to my initial Housing Authority in order to port to a new jurisdiction.

I hereby release such person, firm or agency from any liability in regard to furnishing or release of such information, as it is my expressed consent to make such information available.

A Photostatted copy of the authorization shall be considered as effective and as valid as the original.

Please release my information to the following receiving PHA (please make certain that you complete all required fields upon submittal)

Name of receiving Housing Authority:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Contact Person:	<input type="text"/>
Telephone No:	<input type="text"/>
Fax No.:	<input type="text"/>

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**Please provide both your current and forwarding address:**

<input type="text"/>	<input type="text"/>
Current Address	Forwarding Address
<input type="text"/>	<input type="text"/>
Current City/ State/ Zip Code	Forwarding City/ State/ Zip Code
<input type="text"/>	<input type="text"/>
Current Telephone Number	Forwarding Telephone Number
<input type="text"/>	<input type="text"/>
Client Signature	Date Submitted