

PERMISSIBLE MOVES ARE ONLY ALLOWED AFTER SECTION 8 HCV PARTICIPANT HAS FULFILLED ORIGINAL ONE (1) YEAR LEASE.

SAGINAW HOUSING COMMISSION  
HOUSING CHOICE VOUCHER PROGRAM

Housing Specialist \_\_\_\_\_

## MOVE/PORT OUT REQUEST FORM

Participant Name \_\_\_\_\_ Voucher # \_\_\_\_\_ Date \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Current Landlord Name \_\_\_\_\_

Landlord/Owner Address & Phone Number \_\_\_\_\_



Please check one (1) of the following:

\_\_\_\_\_ I am requesting to move/transfer to a new unit within the County of Saginaw, Michigan

\_\_\_\_\_ I am requesting to port/transfer to a different jurisdiction OUTSIDE of Saginaw County, MI

If desiring to PORT, what location are you interested in? \_\_\_\_\_

I am requesting to move/transfer/port for the following reason(s): \_\_\_\_\_

**NOTE: DO NOT MOVE OUT OF YOUR UNIT UNTIL YOU AFTER YOU HAVE ATTENDED TO REQUIRED MOVE OUT BRIEFING AND HAVE SIGNED AND COMPLETED THE MOVE OUT/INTENT TO VACTE FORMS. THE SHC WILL INFORM YOUR CURRENT LANDLORD OF YOUR VACATE DATE AFTER YOU HAVE ATTENDED THE MOVE BRIEFING. IF YOU MOVE OUT WITHOUT ATTENDING THE MOVE BRIEFNG AND/OR SIGNING AND COMPLETING THE NECESSARY FORMS, YOU ARE IN VIOLATION OF THE HCV PROGRAM RULES AND REGULATIONS AND CAN BE TERMINATED FROM THE HCV PROGRAM AND MAY LOOSE YOUR HOUSING ASSISTANCE.**  
**DO NOT WRITE BELOW THIS LINE**



### Office Use Only

Annual Recertification Date \_\_\_\_\_

Is Participant eligible to Move/Transfer/Port at this time? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, effective date eligible to Move/Transfer/Port \_\_\_\_\_

If NO, effective date eligible to Move/Transfer/Port \_\_\_\_\_

Final determination of this request to Move/Transfer/Port: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature of Housing Specialist \_\_\_\_\_ Date \_\_\_\_\_