



Housing Authority of Thurston County  
PO Box 1638 • Olympia, WA 98507-1638  
1206 12<sup>th</sup> Avenue SE • Olympia, WA 98501  
Tel: (360) 753-8292 • Fax: (360) 251-0500  
www.hatc.org

### REQUEST FOR PORTABILITY – Current Participants

Head of Household Name: \_\_\_\_\_

#### Participant Contact Information

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

City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **I am requesting a transfer of my voucher to the following Housing Authority:**

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

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

When are you moving out of your home in Thurston County? \_\_\_\_\_

#### **Please read and initial each of the statements below.**

\_\_\_\_\_ *I understand that if I have not already done so, I need to give my landlord a 30-day notice to vacate and provide HATC a copy. Vacate notice can be more than 30 days if necessary, but not less.*

\_\_\_\_\_ *I understand that if I move into my new home prior to the move out date listed above (or the updated move out date on file for HATC), I will be responsible for any overlapping rent.*

\_\_\_\_\_ *I understand that I will need to contact the new Housing Authority and follow their procedures to lease in the new jurisdiction.*

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

#### **For HATC Staff:**

Staff verified receiving PHA information, participant acknowledgements above, and provided participant with Port-Out Process.

\_\_\_\_\_  
HATC Staff Signature

\_\_\_\_\_  
Date

