



PORTABILITY REQUEST

Name (please print): _____

Street Address: _____

City, State, Zip code: _____

Phone Number: _____

Email address: _____

Current lease expiration date: _____

Desired vacate date: _____

I am requesting that the CDA-City of Madison transfer my housing choice voucher to:

Housing Authority Name: _____

Address: _____

City, State Zip Code: _____

Telephone #: _____ Fax #: _____

Contact Person's name: _____

E-Mail Address: _____

By signing this document, I certify the following:

- a) I have provided my landlord with proper notice to vacate my subsidized unit/I am moving at the end of my current lease term
- b) I am in good standing with the CDA-City of Madison
- c) I understand that if I stay in my current subsidized unit after the vacate date, I will be responsible for paying the **full** amount of contract rent to the landlord/owner.

Signed: _____ Date _____