

Family Portability Information
Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp.9/30/2012)

Public reporting burden for this collection of information is estimated to average .50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to standardize the information submitted to the receiving Public Housing Agency (PHA) by the initial PHA. In addition, the information is used for monthly billing by the receiving PHA.

Sensitive Information. The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.

Part I Initial PHA Information and Certification

Instructions: This portion of the form is to be completed by the **initial PHA** for a family that is moving out of the **initial PHA's** jurisdiction under the portability procedures.

| | | | | | |
|--|-----------------|-------------------------------|---------------------------------|---|--|
| 1. Head of Household Name | | | | 2. Head of Household Social Security Number | |
| 3. Voucher Number | 4. Bedroom Size | 5. Issuance Date (mm/dd/yyyy) | 6. Expiration Date (mm/dd/yyyy) | 7. Date of Last Income Examination (mm/dd/yyyy) | |
| 8. Annual income if new admission (not currently a voucher participant) \$ _____ | | | | | |
| 9. Date by which initial billing must be received (60 days following the expiration date of the initial PHA voucher)(mm/dd/yyyy) _____ | | | | | |
| 10. 80% of initial PHA ongoing administrative fee \$ _____ | | | | | |
| 11. Receiving PHA to which family has been referred: _____ | | | | | |

Attachments:

- a. A copy of the voucher issued by the initial PHA.
- b. **A copy of the current form HUD-50058 and copies of the income verification for the current form HUD-50058.** (Note: This is the latest form HUD-50058 completed for either an admission, an annual reexamination, or an interim redetermination. It is not the form HUD-50058 that the initial PHA completes to report the portability move-out.)

Certification Statement:

The family is a current program participant or is not a current program participant but is income-eligible in the receiving PHA's jurisdiction (see line 8 above), and the voucher was issued in accordance with the program regulations. Please issue the family a receiving PHA voucher that does not expire before the expiration date indicated in Item 6 (the expiration date on the initial PHA's voucher) for the appropriate bedroom size (based on the receiving PHA's policies). I certify that the information contained on Part I of this form and the attached documents provided by my agency is true and correct. My agency will promptly reimburse amounts paid on behalf of the above family within 30 calendar days of receipt of Part II of this form and thereafter ensure that subsequent billing payments are received by your agency no later than the fifth working day of each month. Failure to comply with these payment due dates may result in the transfer of the family's voucher in accordance with program rules and regulations.

Name of Certifying PHA Official _____

Type full Name and Address of Initial PHA below

Signature _____

Initial PHA Contact Name _____

Phone Number _____

Form Submission Date (mm/dd/yyyy) _____

Part II-A Receiving PHA Information and Certification

Instructions: The receiving PHA must always complete Part II-A.

| | | |
|---|---------------------------------------|--|
| 1.Head of Household Name | | 2.Head of Household Social Security Number |
| 3.Voucher Bedroom Size (per receiving PHA's policies) | 4.HAP Contract Number (if applicable) | |

Certification Statement:

I certify that the information contained on Part II of this form and, if applicable, the attached form HUD-50058 is true and correct and that my agency will promptly remit any overpayment to your agency.

Name of Certifying PHA Official _____

Type full Name and Address of Receiving PHA below

Signature _____

Receiving PHA Contact Name _____

Phone Number _____

Form Submission Date (mm/dd/yyyy) _____

Part II-B Family Status, Initial HAP Contract Execution and Billing Changes After HAP Contract Execution

Instructions: Part II-B must be completed and mailed by the receiving PHA within 10 working days from the date a HAP contract is executed on behalf of the family, or from the effective date of the change in the family status or billing amount. **The receiving PHA does not submit the billing form each month unless the monthly amount due changes or both PHAs agree to a different billing schedule that requires a more frequent billing submittal.**

Check each statement below that applies:

1. The above family has failed to submit a request for lease approval for an eligible unit within the allotted time period. You may therefore reissue your voucher to another family and, if applicable, modify any records concerning local preference usage and income targeting requirements. Do not complete remainder of form.
2. We have executed a HAP contract on behalf of the family and are absorbing the family into our own program effective _____(mm/dd/yyyy). You may reissue your voucher to another family. Do not complete remainder of form.
3. We executed a HAP contract effective _____(mm/dd/yyyy) on behalf of the family and are billing your agency. **A copy of the new form HUD-50058 is attached to this form. No other documentation is required. (Receiving PHAs are required to complete and submit a form HUD-50058 for families moving into their jurisdiction under portability. The receiving PHA may elect to conduct a special recertification of the family to conform the dates of the unit inspection and recertification, but is not required to do so by HUD in order to complete the form HUD-50058 for a portability move-in.)**
Go to line 9 below.
4. The HAP amount has changed effective _____(mm/dd/yyyy) for the family because of: (Check all applicable items. **A current copy of the form HUD-50058 must be attached to this form. No other documentation is required.**)
Go to line 9 below.
- ____ annual recertification
____ interim/special recertification
____ change in payment standard
____ the family moved to another unit in the receiving PHA jurisdiction.
____ other:(specify)

Comments continued on separate page Yes No

5. The HAP payments: (Check one)
_____ have been abated effective _____ (mm/dd/yyyy).
Please suspend the HAP to owner portion from your payment effective _____ (mm/dd/yyyy) until further notice.
_____ that were abated beginning _____ (mm/dd/yyyy) have been resumed
effective _____ (mm/dd/yyyy).

6. We will no longer be billing your agency because we are terminating the family's participation in the program or the family is voluntarily leaving the program.

Billing arrangement termination effective date: _____ (mm/dd/yyyy)
Reason for termination:(specify)

7. We are absorbing the family into our program and terminating the billing arrangement effective: _____.
(mm/dd/yyyy)

8. The HAP contract has been terminated effective _____ (mm/dd/yyyy) and no new HAP contract has yet been executed on behalf of the family.
The family:
_____ will not be remaining in our jurisdiction and has been referred to your agency.
_____ intends to remain in our jurisdiction. The family's voucher expires _____ (mm/dd/yyyy).

9. Billing Information

Regular Billing Amount

- a. Monthly HAP amount due _____
(line 12s or 12af of form HUD-50058)
- b. Ongoing admin fee (80% of initial PHA fee or amount otherwise agreed upon) (line 10 of Part I of this form) _____
- c. Total regular monthly billing amount _____
(sum of lines a and b)

Additional Amount Due, If Applicable

- d. Prorated HAP to owner from _____ to _____ _____
- e. Hard-to-house fee _____
- f. Other (explain) _____
- g. Total additional amount (sum of lines d, e and f) _____

Billing Amount

- h. Payment Due This Billing Submission (sum of lines c and g.) _____
(After this submission, billing amount is amount recorded on line c, unless otherwise notified by the receiving PHA.)