



HOUSING AUTHORITY of the County of Butte

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

NOTICE OF PORTABILITY

WHAT IS PORTABILITY?

Portability – is the ability of a family to move from a Housing Authority’s jurisdiction to another location.

Portability was developed to broaden housing choices for low-income families by allowing Voucher holders to move to areas outside of minority and poverty concentration. The outcome of individuals exercising portability varies; however, some families have experienced increased satisfaction with neighborhood safety and schools, and increased job opportunities. One particular note is that the preliminary evidence regarding portability shows that children of families moving to the suburbs reach higher levels of school achievement.

The HACB’s policy to allow families to utilize their Voucher for portability and permit the family to move from one assisted unit to another as long as:

1. The family has not violated the Family Obligations listed in CFR 24 section 887.401:
2. The family owes no outstanding debts to HACB or another Housing Authority: and
3. The family has not move under portability within the last 12-month period

PROCEDURES TO FOLLOW TO MOVE UNDER PORTABILITY PROVISION

1. Submit a copy of the 30-day Notice of Intention to Vacate (HABC form) signed by you and current landlord.
2. Notify HACB of the area to which you wish to move.
3. Complete the attached Formal Request for Portability form.
4. The HACB will forward your information to the new Housing Authority/Agency.
5. You will need to schedule and intake appointment with the new Housing Authority/Agency

PLEASE BE AWARE

1. It is your responsibility to find a Housing Authority/Agency operation a Section 8 Voucher program with jurisdiction over the area in which you wish to move.
2. The Voucher Payment Standard and Utility Allowance that will be used to in calculating you rent will be the Housing Authority/Agency where you reside.
3. The New Housing Authority/Agency may have different policies or occupancy standards that can change the bedroom size on you Voucher.
4. The New Housing Authority/Agency may elect to “absorb” you into their program and issue one of their Vouchers.

FORMAL REQUEST FOR PORTABILITY



The Housing Authority is an equal opportunity employer and housing provider.





HOUSING AUTHORITY of the County of Butte

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

REQUEST FOR PORTABILITY

An eligible family that has been issued a housing choice voucher may use that voucher to lease a unit anywhere in the United States where there is a housing agency operating a housing choice voucher program.

The Payment Standard and Utility Allowance that will be used in calculating your rent will be decided by the Housing Authority jurisdiction that you move to. The Housing Authority of the new jurisdiction may have different policies or occupancy standards that can change the bedroom size on your Voucher.

Procedures to follow to move under Portability:

- 1) Submit a Housing Authority of the County of Butte (HACB) 30-Day Notice to Vacate signed by you and the current landlord.
2) Complete and sign this Request for Portability form to notify HACB of the area to which you wish to move.
3) HACB will issue a Voucher to move.
4) HACB will forward your information to the new Housing Authority.
5) You will need to schedule an intake appointment with the new Housing Authority.

Please complete the following with your household information:

Head of Household Social Security Number Telephone Number

Current Address: Street City, State, Zip

Forwarding Address: Street City, State, Zip

Please complete the following with your new Housing Authority information:

Full Official Name of Housing Authority/Agency Name of Authority/Agency Contact Person
Full Street or Mailing Address Telephone Number of Contact Person
City, State and ZIP Code Authority/Agency FAX Number
Email Address of Contact Person

Signature of Head of Household: Date:

If you or anyone in your family is a person with disabilities, and you require an accommodation in order to fully utilize our programs and services, please contact the HACB office.



The Housing Authority is an equal opportunity employer and housing provider.

