SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
Housing Choice Voucher (HCV) Portability Department
P.O. Box 1897, Las Vegas, NV 89125-1897
Phone (702) 477-3445 TDD (702) 387-1898

EQUAL HOUSING OPPORTUNITY

PORTABILITY CLIENT REQUEST TO TRANSFER

This form must be completed in order to process your Request to Transfer.

Two (2) ways you can return this completed form:
1) Drop off at our lobby or 2) Mail it to the address above

Head of Household Name: _____

Address: _____

_____

Social Security #: _____ - _____ - _____

Please provide the following information on the new Housing Authority you wish to transfer to under your portability option.

Name of Housing Authority: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Email: _____

Phone Number: _____ Main Fax #: _____

Portability Department Fax #: _____

NOTE: A minimum of ten (10) calendar days is necessary to process and send your file to the receiving Housing Authority.

_____ _____ (_____) _____
Head of Household Signature Date Telephone Number

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix.)]

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attn: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.