

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

264 Harbor Blvd., Bldg. A, Belmont, CA 94002-4017 • Interims@smchousing.org

REQUEST FOR PORTABILITY

1. The Head of Household must complete this form and return it to your Housing Programs Specialist. Email is preferred.
2. Once the form is received, your eligibility for portability will be reviewed.
3. If you are eligible to transfer, the portability package will be prepared and forwarded to the Receiving Housing Authority stated below.

Current Contact Information

(Please print all information below clearly in ink)

Voucher #: _____ Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: (____) _____ Alternate: (____) _____

E-mail address (if any): _____

Signature of Head of Household: _____

Receiving Housing Authority

(Complete the information for the Housing Authority jurisdiction to which you are requesting a transfer)

Name of Receiving Housing Authority: _____

Address of Receiving Housing Authority: _____

City: _____ State: _____ Zip: _____

Email for Receiving Housing Authority Contact: _____

*HACSM's standard process is to email portability packets through a secure email format. If the receiving housing authority requests a different format i.e. mail or fax, it may cause a delay in processing time.