



## MEXICO HOUSING AUTHORITY



PO Box 484 – 828 Garfield Avenue – Mexico, Missouri 65265 Phone: (573) 581-2294 – Fax: (573) 581-6636 – [www.mexicoha.com](http://www.mexicoha.com)

### **REQUEST OF PORTABILITY OUT OF THE MEXICO HOUSING AUTHORITY JURISDICTION**

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Day Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Current lease ends on: \_\_\_\_\_ and I have given my current landlord the required 30 days' notice to vacate. (Signature required by landlord on the back of this form)

I am requesting my voucher to be transferred to:

Name of Housing Authority: \_\_\_\_\_

Address of Housing Authority: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I understand that:

Please initial each statement below:

\_\_\_\_\_ I must contact the receiving housing authority and schedule an income portability orientation appointment and attend that orientation.

\_\_\_\_\_ I must follow the receiving housing authority's policies and procedures.

\_\_\_\_\_ The Mexico Housing Authority has issued a voucher for the term of 90 days.

\_\_\_\_\_ I should be prepared to provide to the receiving housing authority copies of birth certificates, social security cards, a picture ID (for all members 18 and over), as well as income verification.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## **Vacate Notice to Landlord**

I am hereby giving my current landlord and Mexico Housing Authority the required written 30-day advance notice to vacate due to a transfer to another unit. I certify that I will have all of my rent paid and my possessions removed from the unit on or before the vacate date noted below.

Vacate Date: \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

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