



Housing Authority

Port Out Request Form

Instructions for families who wish to port successfully to another jurisdiction.

1. Submit a sixty (60) Day Notice of Intent to Vacate Form to both the Owner and the Orange County Housing Authority.

If you ported into the Orange County Housing Authority from another Housing Authority, your paperwork will be returned to your Initial Housing Authority. The Initial Housing Authority will have to port your paperwork to the new Housing Authority of your choice. The assigned Specialist will notify you if this applies to you.

2. Complete the Permission Statement for Portability. It is your responsibility to obtain all of the required paperwork. If all of the information is not supplied, this may delay your paperwork being transferred.
3. Next, the Specialist will update your profile, coordinate a time in which you will be briefed, and issue you your voucher.
4. You will receive a letter in the mail advising you that your paperwork has been forwarded to the Housing Authority you listed on the Permission Statement. It is your responsibility to follow up with that Housing Authority to proceed with the Portability process.

NOTE: Please be advised that if you owe money to the Orange County Housing Authority, or you have outstanding tenant repairs on your inspection, you will not be approved to port outside of our jurisdiction.

Mailing Address
P.O. Box 8181
Hillsborough, NC 27278

Main Office
300 W. Tryon Street
Hillsborough, NC 27278

Satellite Office
2501 Homestead Road
Chapel Hill, NC 27516





Housing Authority

Permission Statement and Authorization for Portability

I, _____, Voucher No.: _____
hereby give permission and consent to the Orange County Housing Authority and/or the Initial Housing Authority, to release any information from my file to the receiving Housing Authority for the purpose of transferring my housing assistance using the portability feature of my voucher. I further understand if I ported to the Orange County Housing Authority from another Housing Authority that my paperwork will be returned back to my initial Housing Authority in order to port to a new jurisdiction.

I hereby release such person, firm or agency from any liability in regard to furnishing or release of such information, as it is my expressed consent to make such information available.

A Photostatted copy of the authorization shall be considered as effective and as valid as the original.

Please release my information to the following receiving PHA (Please make certain that you complete all required fields upon submittal).

Name of receiving Housing Authority:

Address:

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Email: _____

Telephone No.: _____ Fax No.: _____

Please provide both your current and forwarding address:

Current Complete Address

Forwarding Complete Address

Current Telephone Number

Forwarding Telephone Number

Client Signature

Date Submitted

