



PORT-IN REQUEST FORM

DATE:			SS# : XXX-XX			
scheduled once the r Authority to the Rich	equest form has beer mond Redevelopmen regarding your porta	n completed and retur t and Housing Authori	ned. All Portability ity either by the en	ortable families. An apportable families on apportance of the second listed below or the manual transfer of the ma	ent by your Housing nailing address listed	
Participant Name:			Participant phone number:			
Participant contact a	ddress:					
		RRHA'S current pa	vment standards:			
EFF \$889	1 BR \$932	2 BR \$1,067	3 BR \$1,421	4 BR \$1,713	5 BR \$1,970	
Will your housing au	thority accept billing	for the above reference	ced Housing Choice	e Voucher participant?		
		[] YES	[] NO			
Initial Housing Autho	ority Contact Informa	tion:				
Name of PHA			_	Federal Tax ID#		
Portability Contact Name			-	Email Address	Email Address	
Phone Number			-	Fax Number		
PHA Code				Admin Fee		
Please ensure the red	quired paperwork incl	udes:				

- This completed Port-in Request Form
- **HUD-52665 Family Portability Information Form**
- Client's current voucher
- Current 50058 Form
- Current EIV Report
- Client's current income verifications
- Client contact address and phone number

Before visiting or contacting the Richmond Redevelopment and Housing Authority, please allow our Portability Department to contact you via phone or mail. If you have a change of address, please visit our offices to submit the change in writing or email us at hcvpportability@rrha.com with your updated address