



**Tacoma
Housing
Authority**

Request to Port Out

THA Form (M-60)

Name (Please Print) _____ SSN _____

Address _____ Email _____

City _____ Zip _____ Phone _____

Are you requesting to port for one of the following reasons? If so, please check the applicable box:

**The following circumstances apply ONLY to
Housing Choice Vouchers:**

- A household member has an approved Reasonable Accommodation to port out of THA's jurisdiction.
- A household member has a situation that is approved through the Violence Against Women Act (VAWA)
- A household member has found a job that is 20 hours per week or more and is located 35 or more miles from Tacoma city limits.
- A household member is enrolled at least part time at a College/University that is located 35 or more miles from the Tacoma city limits.
- The household ported in from another housing authority and THA has not absorbed its voucher.
- The household does not meet any of the stated criteria for porting, but the housing authority the household is interested in porting to is absorbing.

**The following circumstances apply to
Housing Opportunity Program (HOP):**

- A household member has an approved Reasonable Accommodation to port out of THA's jurisdiction.
- A household member has a situation that is approved through the Violence Against Women Act (VAWA).
- The household does not meet any of the stated criteria for porting, but the housing authority the household is interested in porting to is absorbing.
- The household in an EHV (Emergency Housing Voucher) holder. See HUD PIH2021-15 for eligibility guidance.

If you do not meet any of the criteria above, you do not qualify to port out of THA's jurisdiction.

If you meet one of the criteria above, please attach proof to this request form and fill out the section below.

Have you submitted an intent to vacate notice to your landlord? YES NO

Estimated date to port out: _____

Public Housing Authority you would like to port to:

Housing Authority _____ Email _____

Address: _____ City & State _____ Fax: _____

Head of Household Signature _____ Date _____