

**DECATUR HOUSING AUTHORITY
PERMISSION STATEMENT AND AUTHORIZATION
FOR PORTABILITY**

I, _____, last four of social security number _____ hereby give my permission and consent to Decatur Housing Authority, the initial PHA, to release any information from my file to _____, the receiving PHA, for the purpose of transferring my housing assistance using the portability feature of my voucher.

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

A photostat copy of the authorization shall be considered as valid as the original. Please release my information to the following receiving PHA **{please fill out completely}**:

Name of the receiving PHA

Address of the receiving PHA

City/state/zip of the receiving PHA

Contact person at the receiving PHA

Telephone number and fax number of the receiving PHA

Voucher size and Payment Standard

Are portable tenants being absorbed?

HCV Participant, please submit your current and forwarding (if applicable) address:

Current address

Current city/state/zip

Current telephone number

Participant signature

Email Address

Forwarding address

Forwarding city/state/zip

Forwarding telephone number

Date submitted