



Metropolitan Development and Housing Agency
Rental Assistance Department

620 Dew Street • Nashville, Tennessee 37206
Mailing Address: P O Box 846 Nashville, Tennessee 37202
Telephone (615) 252-6500 • TDD (615) 252-8599
www.nashville-mdha.org

PORTABILITY REQUEST

In the Section 8 Housing Choice Voucher Program, “portability” is when a family moves its assistance from one housing authority’s jurisdiction to another housing authority’s jurisdiction. To be eligible to request portability, a family must meet at least one of the following criteria:

1. The family must have had legal residence in the jurisdiction of its current housing authority at the time the family placed its name on the Section 8 waiting list; **OR**
2. The household has been receiving housing assistance from MDHA for at least one year.

If you believe you are eligible to port and you would like to transfer your housing assistance to a unit in a different housing authority’s jurisdiction, please fill out the form below.

DATE OF REQUEST: _____

NAME OF HEAD OF HOUSEHOLD: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone: Home:() _____ Wk:() _____ Cell:() _____

WHERE DO YOU WANT TO MOVE?

City: _____ County: _____ State: _____

Name of Housing Authority (if known): _____

NEXT STEPS in the portability process:

1. We will contact the housing authority for the area you would like to move into and inform them that you wish to “port in” to their jurisdiction, and confirm that they are receiving portable vouchers.
2. Next, your request to port out must be approved by both your current housing authority and the housing authority in the location you wish to move. We will inform you whether or not your request has been granted.
3. If your request is approved by both housing authorities, we will process your portability documentation and your documents will be sent to the housing authority where you will move.
4. You will need to contact your new housing authority to inquire about any additional requirements they may have.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

Mail this form to the Rental Assistance Department at the address shown at the top of this form.