Port Request Form

Instructions: This form is to request a **port voucher** to lease a unit outside of Faulkner County. Please complete this form and return to Lorna or Natalie at 1875 Lucille Street, Conway, AR 72034 via mail, fax to (501) 336-0821, email to https://documents.org, or in person. Conway Housing Authority must review all move requests for eligibility. **This form should only be completed by the Head of Household.** If you have any questions, please call (501) 327-0156 ext. 306 or ext. 312.

Head of household name:			
Current address:			
Current telephone #: ()			
Where would you like to move to?			
PHA name:			
PHA address:			
City, State, Zip:			
PHA contact person:)	
Fax #:			
In order to be eligible to move with good standing and meet all the follo		8, you must be a pa	rticipant in
 You must be current with yo 	ithin the last 12 months annual recertification within the ur tenant portion of rent and/or ured lease or the ability to obtain a	itilities to owner	rm signed by
If you do not meet all of these criter move (such as a domestic violence of guidelines.		-	-
Please answer the following ques	ctions:		
Are you current with your tenant sh	nare of rent?	□ Yes	□No
If you pay utilities to your landlord,	are you current?	□ Yes	□No
Do you have an active lease with yo	ur current landlord?	□Yes	□ No
Are you being evicted or do you hav	ve a case pending against you in ho	ousing court? □ Yes	□ No
I certify that the above statements are statements and information can lead tunderstand that Conway Housing Aut 14 calendar days.	to a denial of my port request and	jeopardize my hous	ing subsidy. I
Head of Household Signature		Date	