

Family Portability Information

U.S. Department of Housing and Urban Development

UT ÓÁÓ] : [ çáÁ ÁÓ ÌÌ ÈÈÍ J
ç] È09/30/2017D

P [ ~ • ã \* ÁÓ @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ

U - Æ Á - Á Ú ã Æ Á Æ ã Á Ó Æ Á Æ Á [ ~ • ã \*

Ú ã Æ Á [ ~ • ã \* ÁÓ @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ

V Ç Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ

Ú ã Æ Á [ ~ • ã \* ÁÓ @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f) and by the Housing and Community Development Act of 1987 (42 U.S.C. 3534(a)). Collection of this information, including SSN and annual income, is mandatory. The information is used to standardize the information submitted to the receiving Public Housing Agency (PHA) by the initial PHA. In addition, the information is used for monthly billing by the receiving PHA. The SSN is used as a unique identifier. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of a family port.

Part I Initial PHA Information and Certification

Instructions: V Ç Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ

Form header with agency name and address fields.

Table with 5 columns for identifying information: Name, Address, Phone, SSN, and Date of Birth.

Ì È Ç ] ~ æ Æ & { ^ Æ Á , Æ Æ { ã • ã } Á Ç [ Ó È ! ! ) ç Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ

J È Ó æ Á - Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ

F È Ì È Á Á - Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ

F È Ú Á - Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ
Á Ó @ Æ Á [ ~ & @ ! Á Ú ] [ \* ! æ

Attachments:

- a. A copy of the voucher issued by the initial PHA.
b. A copy of the current form HUD-50058 and copies of the income verification for the current form HUD-50058. (Note: This is the latest form HUD-50058 completed for either an admission, an annual reexamination, or an interim redetermination. It is not the form HUD-50058 that the initial PHA completes to report the portability move-out.)

Certification Statement:

The family [ ] is a current program participant or [ ] is not a current program participant but is income-eligible in the receiving PHA's jurisdiction (see line 8 above), and the voucher was issued in accordance with the program regulations. Please issue the family a receiving PHA voucher that does not expire before the expiration date indicated in Item 6 (the expiration date on the initial PHA's voucher) for the appropriate bedroom size (based on the receiving PHA's policies). I certify that the information contained on Part I of this form and the attached documents provided by my agency is true and correct. My agency will promptly reimburse amounts paid on behalf of the above family within 30 calendar days of receipt of Part II of this form and thereafter ensure that subsequent billing payments are received by your agency no later than the fifth working day of each month. Failure to comply with these payment due dates may result in the transfer of the family's voucher in accordance with program rules and regulations.

Form fields for agency name, address, phone, and date.

**Part II-A Receiving PHA Information and Certification**

**Instructions:** V@ receiving PHA { ~ • 0#æ æ•Á { } |^cÁÚæ0CÆE

FÉ^æáÁ -Á^ [ ^•^@  áÁ^æ ^	GÉ^æáÁ -Á^ [ ^•^@  áÁ^ [ æáÁ^ &  æ^ Á~ { à^!
HÉ [ ^ & @ ! Á^ à ! [ { ÁÚá^ ÁÚ^! Á^ & á^ ÚPCEÁ [  æá•D	IÉPCEÁ^ [ ] dæáÁ^ { à^! Á^ á^ ]  æá^ Á^D

**Certification Statement:**

I certify that the information contained on Part II of this form and, if applicable, the attached form HUD-50058 is true and correct and that my agency will promptly remit any overpayment to your agency.

Pæ ^Á -Á^ [ á^ á^ \* ÚPCEÁ -æá^ ..... V ] ^Á^ | Á^æ ^ Á^ á^ á^ á^ á^ \* Á^ Á^ & á^ \* ÚPCEÁ [ ,

Úá } æ^! ^ .....

Ú^ & á^ \* ÚPCEÁ [ ] æáÁ^æ ^ .....

Ú@ } ^Á^ { à^! .....

Q ! { Á^ à^ { á^ á^ } Á^æÁ^ { æáÁ^ Á^ .....

**Part II-B Family Status, Initial HAP Contract Execution and Billing Changes After HAP Contract Execution**

**Instructions:** Úæ0CÆE { ~ • 0#æ Á { } |^cÁá^ á^ á^ á^ á^ Á^ @ receiving PHA , æ@ Á^ Á^ [ | Á^ \* Á^æ • Á^ [ { Á^ @ Á^æ Á^ Á^ Á^ ] dæáÁ^ Á^c^ & c^ á^ } Á^ @ á^ Á^ -æ á^ Á^ [ Á^ [ Á^ @ Á^ -Á^ & æ^ Á^æ Á^ -Á^ @ Á^ @ \* ^ Á^ Á^ @ Á^æ á^ Á^ æ • Á^! Á^ á^ Á^æ [ ^ ] The receiving PHA does not submit the billing form each month unless the monthly amount due changes or both PHAs agree to a different billing schedule that requires a more frequent billing submittal.

Check each statement below that applies:

- 1. The above family has failed to submit a request for lease approval for an eligible unit within the allotted time period. You may therefore reissue your voucher to another family and, if applicable, modify any records concerning local preference usage and income targeting requirements. Do not complete remainder of form.
- 2. We have executed a HAP contract on behalf of the family and are absorbing the family into our own program effective \_\_\_\_\_ (mm/dd/yyyy). You may reissue your voucher to another family. Do not complete remainder of form.
- 3. We executed a HAP contract effective \_\_\_\_\_ (mm/dd/yyyy) on behalf of the family and are billing your agency. **A copy of the new form HUD-50058 is attached to this form. No other documentation is required. (Receiving PHAs are required to complete and submit a form HUD-50058 for families moving into their jurisdiction under portability. The receiving PHA may elect to conduct a special recertification of the family to conform the dates of the unit inspection and recertification, but is not required to do so by HUD in order to complete the form HUD-50058 for a portability move-in.)**  
Go to line 9 below.
- 4. The HAP amount has changed effective \_\_\_\_\_ (mm/dd/yyyy) for the family because of: (Check all applicable items. **A current copy of the form HUD-50058 must be attached to this form. No other documentation is required.**) Go to line 9 below.
  - \_\_\_ annual recertification
  - \_\_\_ interim/special recertification
  - \_\_\_ change in payment standard
  - \_\_\_ the family moved to another unit in the receiving PHA jurisdiction.
  - \_\_\_ other:(specify)

Comments continued on separate page Yes  No

5. The HAP payments: (Check one)  
\_\_\_\_\_ have been abated effective \_\_\_\_\_ (mm/dd/yyyy).  
Please suspend the HAP to owner portion from your payment effective \_\_\_\_\_ (mm/dd/yyyy) until further notice.  
\_\_\_\_\_ that were abated beginning \_\_\_\_\_ (mm/dd/yyyy) have been resumed  
effective \_\_\_\_\_ (mm/dd/yyyy).

6. We will no longer be billing your agency because we are terminating the family's participation in the program or the family is voluntarily leaving the program.  
  
Billing arrangement termination effective date: \_\_\_\_\_ (mm/dd/yyyy)  
Reason for termination:(specify)

7. We are absorbing the family into our program and terminating the billing arrangement effective: \_\_\_\_\_.  
(mm/dd/yyyy)

8. The HAP contract has been terminated effective \_\_\_\_\_ (mm/dd/yyyy) and no new HAP contract has yet been executed on behalf of the family.  
The family:  
\_\_\_\_\_ will not be remaining in our jurisdiction and has been referred to your agency.  
\_\_\_\_\_ intends to remain in our jurisdiction. The family's voucher expires \_\_\_\_\_ (mm/dd/yyyy).

9. Billing Information

**Regular Billing Amount**

- a. Monthly HAP amount due \_\_\_\_\_  
(line 12s or 12af of form HUD-50058)
- b. Ongoing admin fee (80% of initial PHA fee or amount otherwise agreed upon) (line 10 of Part I of this form) \_\_\_\_\_
- c. Total regular monthly billing amount \_\_\_\_\_  
(sum of lines a and b)

**Additional Amount Due, If Applicable**

- d. Prorated HAP to owner from \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_
- e. Hard-to-house fee \_\_\_\_\_
- f. Other (explain) \_\_\_\_\_
- g. Total additional amount (sum of lines d, e and f) \_\_\_\_\_

**Billing Amount**

- h. Payment Due This Billing Submission (sum of lines c and g.) \_\_\_\_\_  
(After this submission, billing amount is amount recorded on line c, unless otherwise notified by the receiving PHA.)