

The Housing Authority of the City of Danville

1607 CLYMAN LANE  
DANVILLE, IL 61832  
(217) 443-0621 FAX (217) 444-3172

**Request to Move/Portability**

Name: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

1. Are you requesting to move within the jurisdiction of HACD? Yes or No (Please circle one)

2. Are you requesting to port to another Housing Authority? Yes or No (Please circle one)

If yes, where? \_\_\_\_\_

3. Have you resided in your unit for at least 12 months? Yes or No (Please circle one)

4. Do you currently owe your landlord any past due rent/charges? Yes or No (Please circle one)

If yes, how much? \_\_\_\_\_

5. Have you committed any serious lease violations? Yes or No (Please circle one)

6. Are you currently under an eviction? Yes or No (Please circle one)

Reason for request to move/port:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*I understand that this is a request to move/port only. I also understand that verification will be obtained from my current landlord to verify that I do not owe any past due rent/charges and that I have not committed any serious lease violations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please see back of form for additional information.**

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## What happens next?

1. HACD will determine if you are currently eligible to move/port according to current PHA Policy (listed below).
2. HACD will contact your current landlord to verify if you currently owe any past due rent/charges or have committed any serious lease violations.
3. Once verification has been completed, you will be contacted with an appointment to come to our office to sign a voucher if move/portability is approved. A 30-Day Notice to Vacate signed by your current landlord **MUST** be submitted at this appointment.
4. Transfer moves will be allowed and effective on the first day of the month and not thereafter unless an exception is made for the following reasons: to protect the health or safety of a family member (e.g., lead-based paint hazards, domestic violence, witness protection program, etc.), or to address an emergency situation in which the family has no control.
5. An Initial Inspection **MUST** be conducted and passed before you can transfer to another unit.

### PHA Policy regarding Elective Moves

The PHA will deny a family permission to make an elective move during the family's initial lease term. This policy applies to moves within the PHA's jurisdiction or outside it under portability.

The PHA will also deny a family permission to make more than one elective move during any 12-month period. This policy applies to all assisted families residing in the PHA's jurisdiction.

The PHA will consider exceptions to these policies for the following reasons: to protect the health or safety of a family member (e.g., lead-based paint hazards, domestic violence, witness protection programs), to accommodate a change in family circumstances (e.g., new employment, school attendance in a distant area), or to address an emergency situation over which a family has no control.

In addition, the PHA will allow exceptions to these policies for purposes of reasonable accommodation of a family member who is a person with disabilities.