



## SECTION 8/HOUSING CHOICE VOUCHER APPLICANT CHANGE OF ADDRESS FORM

CHANGES ARE ONLY ACCEPTED IN WRITING VIA: MAIL, FAX, AND/OR IN PERSON

Applicant Name:

\_\_\_\_\_

Social Security Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Address:

\_\_\_\_\_

New Address:

\_\_\_\_\_

City State Zip

City State Zip

Phone Number: ( ) \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: NO ADDRESS CHANGES WILL BE ACCEPTED BY TELEPHONE**

**WARNING: A Section of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within jurisdiction. False statements are punishable under Federal Law and could result in substantial fines and/or imprisonment.**

### FOR SHA STAFF ONLY

Date Received By SHA: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received Via:  Mail  Fax  In Person

Eligible for Local Preference Points:  Yes  No

Documentation for Local Preferences:  Yes  No

If Yes, Which Form:  Lease  Utility Bills

Two (2) Pieces of First Class Mail in the Envelope

Identity Verified:  Yes  No

ID Type: \_\_\_\_\_

Entered in PHA Web:  Yes  No

Confirmation Notice Completed:  Yes  No

SHA Representative

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_