

CHANGE OF ADDRESS FORM

HOUSING CHOICE VOUCHER PROGRAM

OLD INFORMATION APPEARING ON YOUR APPLICATION:

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER () _____ OR () _____

NEW INFORMATION:

I am authorizing the Pontiac Housing Commission staff to update my new information with the following changes: **Initials:** _____

FULL NAME: _____

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEW TELEPHONE NUMBER () _____ OR () _____

X

Signature of Applicant

X

Date

POINTING TOWARDS PROGRESS

Revised 3/9/2021