



Landlord Number  _____ (for Staff use only)
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## Landlord's Change of Address Request Form

Landlord's/Company's Name: \_\_\_\_\_

Social Security or Tax ID: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Old Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### New Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed forms may be mailed or faxed to the Columbia Housing Authority**

### Mailing Address:

**Columbia Housing Authority  
Attn: Section 8 Department Mrs. Doris Hill  
1917 Harden Street  
Columbia, South Carolina 29204  
Fax number: (803) 376-6182**