



ADDRESS CHANGE FORM

NAME (PLEASE PRINT): _____

(Head of Household)

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OLD ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

WHAT PROGRAMS DOES THIS CHANGE OF ADDRESS APPLY TO:

SECTION 8

PUBLIC HOUSING

FLINT HILLS & GARDENS

SIGNATURE: _____

DATE: _____

(Head of Household)