



## **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)