



HOUSING CHOICE VOUCHER (HCV)

WAITING LIST ADDRESS CHANGE FORM (HCV Wait List Only)

Please print legibly

TO BE COMPLETED BY WAIT LIST APPLICANT:

Head of Household Name: _____

Head of Household Social Security Number: (last 4 digits only) _____

Old Address: _____

New Address: _____

When did address change occur? (date) _____

Phone Number: _____

Email Address: _____

Name: (Print) _____

Signature: _____ **Date:** _____

TO BE COMPLETED BY FC-DOH:

FC-DOH Acknowledgment of Receipt:

Head of Household Name: _____

New Address: _____

Form Received by: (FC-DOH Staff Name): _____

FC-DOH Staff Signature: _____

Date received by FC-DHCD: _____

TO SUBMIT:

1. Report to housing office, fill out form and receive a copy of completed form, **or**
2. Telephone housing agency asking for form by email, fill out form and return by email, keep your email as the receipt, **or**
3. If you need a reasonable accommodation, please inform the housing office.

Office Hours: Monday – Friday, 8am -4pm

INSTRUCTIONS: Family must keep copy of completed form/email receipt as proof of submission.