ADDRESS CHANGE FORM FOR THE HOUSING CHOICE VOUCHER PROGRAM

Name of Applicant ___________________________   Date: ______

Last four digits of SSN# _________________

Phone # _________________________________

Email Address __________________________

Old Mailing Address:
________________________________________

City: ___________________________   State: _____  Zip Code: ______

Current Mailing Address:
________________________________________

City: ___________________________   State: _____  Zip Code: ______

A week after you submit your change of address form, you may contact our customer service department during regular business hours at 977-5800 to confirm the change has been processed.

Please note:
This change of address form is to be completed for active applicants of the HCV Wait List only. This form will not be accepted without a receipt. Keep a copy of the receipt for your records. Failure to report changes to your address timely may result in your application being withdrawn. If you are withdrawn from the wait list, you will need to reapply when the wait list is open.

HOUSING CHOICE VOUCHER PROGRAM, 1635 WESTERN AVENUE, CINCINNATI, OHIO 45214

Phone: (513) 977-5800  Fax: (513) 977-5858  TDD: (800) 750-0750  Website: www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities

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