



**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: _____

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 Failure to report changes to your address timely may result in your application being withdrawn. If you are withdrawn from the wait list for failure to report to CMHA a change of address, you will need to reapply when the wait list it is open.

Allow one week to complete this change of address. You may contact our customer service department during regular business hours at 977-5800 to confirm the change has been processed.

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

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

Equal Opportunity Employer, Equal Housing Opportunities

Revised 10/21/24

Office Use only: CL# _____ Scan to Intake in Onbase