



INDIANAPOLIS HOUSING AGENCY

Section 8 Housing Choice Voucher Program

REVISED 9/20/06 – P.O. BOX ADDRESSES ARE NO LONGER ACCEPTED.

SECTION 8 LANDLORD – CHANGE OF ADDRESS FORM

DATE: _____

OWNER NAME: _____

VENDOR #: _____

SSN/EIN: _____

CHANGE REPORTED:

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

CHANGE TO BE APPLIED TO (CHECK ALL THAT APPLY):

_____ OWNER/1099

_____ MANAGING AGENT

_____ PAYEE

PREVIOUS ADDRESS: _____

IS A NAME CHANGE INVOLVED? YES _____ NO _____

IF YES, PLEASE INDICATE BELOW:

SIGNATURE: _____

RETURN TO: SECTION 8 FINANCE

NOTE: FAILURE TO COMPLETE THIS FORM WILL HINDER THE PROCESSING OF THE CHANGE OF ADDRESS REQUEST.
