



Valarie Calhoun
Director of Leased Housing

**THE HOUSING AUTHORITY
OF THE CITY OF EVANSVILLE**

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WAITING LIST CHANGE OF ADDRESS FORM

Please Print Clearly

Name: _____ Social Security No: _____

OLD Address: _____

NEW Address: _____

Telephone: _____

I certify that the above information is true and correct.

Signature: _____ Date: _____

Office Use Only:

APP No. _____ App date: _____ Status: _____

Bdrm Size: _____ Date Changed: _____ Initials: _____