



**SPRINGFIELD
HOUSING
AUTHORITY**



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Changing lives one key at a time

SECTION 8/HOUSING CHOICE VOUCHER APPLICANT CHANGE OF ADDRESS FORM

CHANGES ARE ONLY ACCEPTED IN PERSON, BY MAIL OR FAX

Applicant Name: _____

Previous Address: _____

City State Zip

New Address: _____

City State Zip

Phone Number: _____

Social Security Number: _____ - _____ - _____

Effective Date: ____/____/____

Signature: _____ Date: ____/____/____

NOTE: NO ADDRESS CHANGES WILL BE ACCEPTED BY TELEPHONE

WARNING: A Section of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within jurisdiction. False statements are punishable under Federal Law and could result in substantial fines and/or imprisonment.

Applicant Identity Verified Yes No

ID Type: _____

SHA Representative

Date: ____/____/____