

Massachusetts Rental Voucher Program

Change of Address Request

Date: _____

Social Security #: _____

Date of Birth: _____

Name: _____

Signature: _____

OLD Mailing Address: _____

NEW Mailing Address: _____

Current Phone Number : _____

Note to Applicants: Return this form to the local housing authority that you have initially applied to.

Housing Authorities are not able to tell you where you are on the waiting list, only that your application is active on the list. You will be contacted by mail when your application is next for review.

Housing Authority Use Only.

Address Change Completed by: _____ (initial)

Date: _____