



Palm Beach County Housing Authority Housing Choice Voucher Program Landlord Change of Address Form

DATE OF CHANGE: _____

This document is to inform Palm Beach County Housing Authority that a Change in Address has occurred:

A. Landlord/Owner Information:

Name: _____

Phone Number: _____

B. Address Change Information:

Old - Street _____
City _____
State _____ Zip _____

New - Street _____
City _____
State _____ Zip _____

Email Address: _____

Please mail all future correspondence concerning the Housing Choice Voucher program to the new address effective (date): _____

C. Signatures:

By signing this form below, I certify that the information contained in this form is true and complete to the best of my knowledge:

Print Name of Owner/Landlord: _____ Date: _____

Signature of Owner/Landlord: _____

Please return this document to:

Housing Choice Voucher Department
3432 W. 45th Street
West Palm Beach, FL 33407
Office Telephone: 561.684.0278
Facsimile: 561.684.1192
www.pbchaf1.org