

## Change of Address Form

TO BE COMPLETED BY CLIENT

CLIENT NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

### NEW ADDRESS INFORMATION

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

### OLD ADDRESS INFORMATION

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Are we currently helping you pay your rent or within the past 60 days?  YES  NO

PLACE PHOTO ID HERE

LHA STAFF : \_\_\_\_\_