For RHA Use Only:
Owner #_____
Date Received_____
Date of Change_____

LANDLORD
CHANGE OF ADDRESS

_____
Landlord's Name/Owner

_____
Old Address City State Zip Code

_____
New Address City State Zip Code

Effective date of address change: ____/____/____

1. Phone #: (_____)_____ 2. Phone #: (_____)_____

3. Fax#: (_____)_____

4. Email: _____

Landlord's Signature: _____

Date: _____

All Changes are to be sent to:
LANDY DAVIS
Fax #: 919-508-1142