



**CHATTANOOGA HOUSING AUTHORITY  
HOUSING CHOICE VOUCHER PROGRAM  
801 N. HOLTZCLAW AVENUE  
CHATTANOOGA, TN 37404  
TELEPHONE (423) 752-4473 FAX (423) 668-2330**

**OWNER CHANGE OF ADDRESS**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(Name That HAP Is Paid Under)

**SOCIAL SECURITY #** \_\_\_\_\_

**PROPERTY MANAGEMENT NAME: (If Managed By An Agency)**  
\_\_\_\_\_  
\_\_\_\_\_

**OLD ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDRESS OF UNIT ON THE PROGRAM  
(ONLY LIST ONE UNIT IF YOU HAVE MORE THAN ONE ON THE PROGRAM)**

**PICTURE IDENTIFICATION :**

**I hereby certify that the changes noted above are true and complete.**

\_\_\_\_\_  
**Landlord's (or representative) Signature**

\_\_\_\_\_  
**Date**