CHATTANOOGA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
801 N. HOLTZCLAW AVENUE
CHATTANOOGA, TN 37404
TELEPHONE (423) 752-4833 FAX (423) 752-4833

OWNER / LANDLORD CHANGE OF ADDRESS
TAX ID # (W-9) FORM ATTACHED

DATE: _____

NAME: _____
(Name That HAP Is Paid Under)

SOCIAL SECURITY #/ TAX ID # _____

CHANGE TO TAX ID # _____

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**