

**APPLICATION ATTACHMENT
APPLICANT CHANGE OF ADDRESS
NOTIFICATION**

APPLICANT NAME: _____

DATE: _____

NEW ADDRESS : _____

STREET ADDRESS

CITY

STATE

ZIP

NEW PHONE #: _____

Please retain this form as a tool to keep us informed of any contact information changes

NOTICE: Management assumes no responsibility for inability to contact applicant. Applicant is responsible for notification to management of any change in address or status. Failure to do so may result in removal from the waiting list.