



Landlord's Change of Address Request Form

Landlord's/Company's Name _____

SS# or Tax ID _____

Date Requested _____ Phone # _____ Fax # _____

Email Address _____

Old Address

Address _____

City _____ State _____ Zip Code _____

New Address

Address _____

City _____ State _____ Zip Code _____

Owner's Signature _____ Date _____

Completed forms may be mailed or faxed to the Columbia Housing Authority.

Mailing Address:

Columbia Housing Authority, ATNN: Doris Hill, 1917 Harden Street, Columbia, SC 29204

Fax number: (803) 376-6182