

## CHANGE OF ADDRESS FORM

Complete, sign, and attach copy of legal photo identification such as a driver's license, passport, or residence card.

Changes must be reported to the Miami-Dade Public Housing Agency within thirty (30) days of the actual change.

### SECTION 1 – (To be completed by vendor)

TYPE OF TRANSACTION (check one): ☐ Change Mailing Address ☐ Change Property Address

I wish to report my address change effective as of this date: (MM / DD / YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

SECTION 8 LANDLORD? YES ☐ NO ☐

VENDOR NAME: \_\_\_\_\_

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

PREVIOUS CITY, STATE, ZIP: \_\_\_\_\_

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

NEW CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
PAYEE PRINTED NAME

\_\_\_\_\_  
PAYEE SIGNATURE

\_\_\_\_\_  
CO-PAYEE PRINTED NAME

\_\_\_\_\_  
CO-PAYEE SIGNATURE

### SECTION 2 – (To be completed by MDPHA Staff)

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

UPDATED BY: \_\_\_\_\_

VENDOR NUMBER: \_\_\_\_\_

DATE UPDATED: \_\_\_\_/\_\_\_\_/\_\_\_\_

CLIENT NUMBER (if applicable): \_\_\_\_\_

DISBURSEMENT OFFICER APPROVAL BY: \_\_\_\_\_ SIGNATURE \_\_\_\_\_